

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 002906

1. Entity Name

THE COUNCIL TOOL COMPANY, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90111 030 ***150.00

Principal Place of Business

Mailing Address

50 N. LAURA ST.
P. O. BOX 4099
JACKSONVILLE FL 32202
US

50 N. LAURA S.T
P. O. BOX 4099
JACKSONVILLE FL 32201-4099
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-0189490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent.

7. Name and Address of New Registered Agent

RAX CO
C/O MCGUIRE WOODS BATTLE & BOOTHE LLP
50 NORTH LAURA STREET 3400 BARNETT CENTER
JACKSONVILLE FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	COUNCIL III, JOHN	LAKE SHORE DR	LAKE WACCAMAW NC	<input type="checkbox"/>
CH	COUNCIL JR, J M	LAKE SHORE DR	LAKE WACCAMAW NC	<input type="checkbox"/>
VP	STEPHENSON, WILLIAM	345 PECAN LANE	LAKE WACCAMAW NC 28450	<input checked="" type="checkbox"/>
VP	ROBINSON, ROY	345 PECAN LANE	LAKE WACCAMAW NC 28450	<input type="checkbox"/>
VPS	COUNCIL, VIRGINIA P	345 PECAN LANE	LAKE WACCAMAW NC 28450	<input type="checkbox"/>
D	TERRELL, MICHAEL	4642 WINDFALL ROAD	MEDINA OH 44256-8705	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN M. COUNCIL III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00
Date

(910) 646-3011
Daytime Phone #

CR2E034 (9/99)