

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 139488

1. Entity Name

**BABCOCK FLORIDA COMPANY**

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90021 001 \*\*\*158.75

Principal Place of Business	Mailing Address
STATE RD. STATE ROAD #31 GORDA FL 33982	2220 PALMER ST P O BOX 8348 PITTSBURGH PA 15218-0348 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	25-0335554	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FARR, E. DRAYTON 115 WEST OLYMPIA AVENUE PUNTA GORDA FL 33950	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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILLITANO, CARL P	NAME	
STREET ADDRESS	2220 PALMER ST	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARR, E DRAYTON JR	NAME	
STREET ADDRESS	115 WEST OLYMPIA AVE	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUDA, RICHARD S.	NAME	
STREET ADDRESS	8000 STATE ROAD 31	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	CITY-ST-ZIP	
TITLE	VPGM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVANE, HOWARD L.	NAME	
STREET ADDRESS	8000 STATE ROAD 31	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 information.

SIGNATURE: **CARL P. STILLITANO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Carl P. Stillitano, Treasurer Date: 02/08/00 Daytime Phone #: 412/351-3515

CR2E034 (9/99)