

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 195018**

1. Entity Name

MILNE FAMILY COMPANIES, INC.**FILED**
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90054 049 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 14377
JACKSONVILLE FL 32238
USP.O. BOX 14377
JACKSONVILLE FL 32238-1377
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0775227

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MILNE, DOUGLAS J.
4595 LEXINGTON AV
JACKSONVILLE FL 32210

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 State10. 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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
V	EVANS, WILLIAM H	4595 LEXINGTON AV	JACKSONVILLE FL	☐ Delete					☐ Change ☐ Addition
PD	MILNE, DOUGLAS J	4595 LEXINGTON AVE	JACKSONVILLE FL	☐ Delete					☐ Change ☐ Addition
S	WELLS, MARIE	4595 LEXINGTON AVE	JACKSONVILLE FL	☐ Delete					☐ Change ☐ Addition
VTD	MILNE, JACK F.	4595 LEXINGTON AVE	JACKSONVILLE FL	☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition

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:

Marie Wells - Marie Wells
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4-27-00 904-387-6770
Date Daytime Phone #

CR2E034 (9/99)