

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90032 012 ***150.00

DOCUMENT # 243396

1. Entity Name

ALLEN & COMPANY OF FLORIDA, INC.

906689



DO NOT WRITE IN THIS SPACE

Principal Place of Business BOX 387 1401 SOUTH FLORIDA AVENUE LAKELAND FL 33803		Mailing Address BOX 387 1401 SOUTH FLORIDA AVENUE LAKELAND FL 33803-2291		4. FEI Number 59-0913641		Applied For Not Applicable
2. Principal Place of Business		3. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State
City & State	City & State	City & State		City & State		City & State
Zip	Country	Zip	Country	City & State		City & State

6. Name and Address of Current Registered Agent ALLEN, RALPH C. 1401 SOUTH FLORIDA AVENUE LAKELAND FL 33803			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, LOUISE C	NAME	Laura Hawley
STREET ADDRESS	1401 S. FLORIDA AVENUE	STREET ADDRESS	1401 S. Florida Avenue
CITY-ST-ZIP	LAKELAND FL	CITY-ST-ZIP	Lakeland, FL
TITLE	PDC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, C RALPH	NAME	
STREET ADDRESS	1401 S. FLORIDA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERIDAN, THOMAS M	NAME	
STREET ADDRESS	1401 S. FLORIDA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, JAMES E JR	NAME	
STREET ADDRESS	1401 S. FLORIDA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOONER, JOSEPH G.	NAME	
STREET ADDRESS	1401 S. FLORIDA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRAW, ROY J. JR.	NAME	
STREET ADDRESS	1401 S. FLORIDA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	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 empowered.

SIGNATURE: *Secretary of State* 1/15/2000 863-616-6036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #