

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90068 017 ***150.00

DOCUMENT # 243396

1. Entity Name
ALLEN & COMPANY OF FLORIDA, INC.

Principal Place of Business BOX 387 1401 SOUTH FLORIDA AVENUE LAKELAND FL 33803	Mailing Address BOX 387 1401 SOUTH FLORIDA AVENUE LAKELAND FL 33803
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DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALLEN, RALPH C. 1401 SOUTH FLORIDA AVENUE LAKELAND FL 33803				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"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director, V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, LOUISE C		NAME	Hawley, Laura Jane	
STREET ADDRESS	1401 S. FLORIDA AVENUE		STREET ADDRESS	1401 South Florida Avenue	
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	POC	<input type="checkbox"/> Delete	TITLE	Director, Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, C RALPH		NAME	Allen, Ralph C.	
STREET ADDRESS	1401 S. FLORIDA AVENUE		STREET ADDRESS	1401 S. Florida Avenue	
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	VST	<input type="checkbox"/> Delete	TITLE	Sr. V.P., Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERIDAN, THOMAS M		NAME	Sharon S. Pettit	
STREET ADDRESS	1401 S. FLORIDA AVENUE		STREET ADDRESS	1285 First Street South	
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	D	<input type="checkbox"/> Delete	TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, JAMES E JR		NAME	Seymour, Michael Glenn	
STREET ADDRESS	1401 S. FLORIDA AVENUE		STREET ADDRESS	1285 First Street South	
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP	Winter Haven, FL 33880	
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	President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRAW, ROY J. JR.		NAME	McCraw, Roy J. Jr.	
STREET ADDRESS	1401 S. FLORIDA AVENUE		STREET ADDRESS	1401 South Florida Avenue	
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP	Lakeland, FL 33803	

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: Cheryl Kilgore **CHERYL KILGORE** 3/19/2001 863-616-6036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)