

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90053 005 ***150.00

DOCUMENT # 372432

1. Entity Name
CENTER BROS., INC. OF FLORIDA

Principal Place of Business
**4020 UNIVERSITY BLVD W
 JACKSONVILLE FL 32217**

Mailing Address
**4020 UNIVERSITY BLVD W
 JACKSONVILLE FL 32217**

JUL 10 00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **58-1048227**
 Applied For
 Not Applicable

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

**TUTEN, HENRY W, JR
 9721 SUMMER PL #610
 PONTE VEDRA FL 32082**

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)

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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **DC CENTER, LEO E**
 STREET ADDRESS **205 EARLY ST.**
 CITY-ST-ZIP **SAVANNAH GA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P MAY, CHARLES S**
 STREET ADDRESS **30 HOPSON ROAD**
 CITY-ST-ZIP **JACKSONVILLE BCH FL**

TITLE Change Addition
 NAME **May, Charles S.**
 STREET ADDRESS **640 Donald Ross Way**
 CITY-ST-ZIP **St. Augustine, FL**

TITLE Delete
 NAME **D TUTEN, HENRY W. JR.**
 STREET ADDRESS **8149 BAHIA BLANCAST**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME **Tuten, Henry W. Jr.**
 STREET ADDRESS **100 Carriage Lamp Way**
 CITY-ST-ZIP **Ponte Vedra Beach, FL**

TITLE Delete
 NAME **S CONNER, DARY L.**
 STREET ADDRESS **26-6 OLD SOUTH COURT**
 CITY-ST-ZIP **BLUFFTON SC**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: *Leo E. Center* **LEO E. CENTER** 1/8/01 (912) 232-6491
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)