

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90097 046 \*\*\*\*61.25

**DOCUMENT # 726722**

1. Entity Name

**DISC VILLAGE, INC.**

Principal Place of Business

Mailing Address

**3333 WEST PENSACOLA STREET  
 TALLAHASSEE FL 32304-2800**

**3333 WEST PENSACOLA STREET  
 TALLAHASSEE FL 32304-2888**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1491338**

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**OLK, THOMAS K.  
 2683 S HANNON HILLS DRIVE  
 TALLAHASSEE FL 32301**

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 **N/A**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD President Emeritus	BASSIN, ALEXANDER	2312 DOMINGO DRIVE	TALLAHASSEE FL	<input type="checkbox"/>	President	Joseph J. Aloï	524 Appleyard Dr.	Tallahassee, FL 32304	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VSD	CZAJKOSKI, EUGENE, PH.D.	2340 KILKENNEY E	TALLAHASSEE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	LIANG, JEFF	P.O. BOX 12121 N/A	TALLAHASSEE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MAXWELL, SHARON	602 INGLESIDE AVE.	TALLAHASSEE FL	<input checked="" type="checkbox"/>	Member	Todd Patterson	2700 Cline Street	Tallahassee, FL 32312	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	RANDOLPH, ROOSEVELT	528 E PARK AVE	TALLAHASSEE FL	<input checked="" type="checkbox"/>	Member	Edward J. Butler	P. O. Box 903	Havana, FL 32333	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	OLK, THOMAS, K.	3333 W. PENSACOLA ST.	TALLAHASSEE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE**

2/15/99

850-575-4388

CR2E037 (9/99)