2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 846293

FILED

00 OCT 16 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

DO NOT WRITE IN THIS SPACE

1. Entity Name

APAC-FLORIDA, INC.

Principal Place of Business	Mailing Address
1451 MYRTLE ST. SARASOTA FL 34234 US	PO BOX 14000 LEXINGTON KY 40512-4000 US

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 58-1401476 ☐ 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
CT CORPORATION SYSTEM 660 EAST JEFFERSON STREET TALLAHASSEE FL 32301	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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DONOFRIO, DAVID A 4975 78TH DR E. SARASOTA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P./ASST SEC. B. MORTON MYRICK 16803 S.W. 89 AVE. MIAMI, FL. 33157	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASAT PACE, M. R 3499 DABNEY DRIVE LEXINGTON KY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P./ASST. SEC. PETER L. CAPP 13700 S.W. 70 AVE. MIAMI, FL. 33158	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SCOTT, GARY 2829 SEQUOYAH DR HAINES CITY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST SEC/ASST TREAS PAUL J. GUPTILL 6981 S.W. 57 STREET MIAMI, FL. 33143	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASAT JONES, RICHARD A 3499 DABNEY DR LEXINGTON KY 40512		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000003455090--5 -11/07/00--01065--022 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: David A. Donofrio Pres 10-20-00 941-355-7178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #