

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90084 004 \*\*\*150.00

**DOCUMENT # H89270**  
 1. Entity Name  
**MAINLINE INFORMATION SYSTEMS, INC.**

Principal Place of Business      Mailing Address  
**3372 CAPITAL CIRCLE**      **3372 CAPITAL CIRCLE NE**  
**TALLAHASSEE FL 32308**      **TALLAHASSEE FL 32308-3710**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

City & State      City & State      4. FEI Number      Applied For  
 Zip      Country      Zip      Country      **59-2960721**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**KEARNEY, RICHARD S.**  
**2845 CERCY TRACE**  
**TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent  
 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, 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	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, RICHARD S.		NAME		
STREET ADDRESS	2845 CERCY TRACE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, BERNADETTE		NAME		
STREET ADDRESS	2845 CERCY TRACE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	ERIN ENNIS ENLOW	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENLOW, ERIN E		NAME		
STREET ADDRESS	3372 CAPITAL CIRCLE N.E.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESLEY, MARTY		NAME		
STREET ADDRESS	3372 CAPITAL CIRCLE NE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	1402 DENITOLM DRIVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, WILLIAM		NAME		
STREET ADDRESS	268 OSBORNE HILL RD		STREET ADDRESS	TALLAHASSEE, FL 32312	
CITY-ST-ZIP	FISHKILL NY 12524		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: \_\_\_\_\_      3/13/00      850 531 0066  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)