

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 20, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # H89270**

1. Entity Name  
**MAINLINE INFORMATION SYSTEMS, INC.**

Principal Place of Business  
 1700 SUMMIT LAKE DR.  
 TALLAHASSEE FL 32311 US

Mailing Address  
 1700 SUMMIT LAKE DR.  
 TALLAHASSEE FL 32311 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  
**59-2960721**

Applied For  
 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

7. Name and Address of New Registered Agent

**KEARNEY, RICHARD S.**  
 2845 CERCY TRACE  
 TALLAHASSEE FL 32308 US

Name  
**HARRIS FRED FJR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**101 E. COLLEGE AVE.**  
 City  
**TALLAHASSEE FL** Zip Code  
**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 **FRED F. HARRIS JR.**

**03/20/2001**

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

(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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete
NAME	BURKE WILLIAM	
STREET ADDRESS	1402 DENHOLM DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	V	<input type="checkbox"/> Delete
NAME	BESLEY MARTY	
STREET ADDRESS	3372 CAPITAL CIRCLE NE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ENLAW ERIN E	
STREET ADDRESS	3372 CAPITAL CIRCLE N.E.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KEARNEY, BERNADETTE	
STREET ADDRESS	2845 CERCY TRACE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KEARNEY, RICHARD S.	
STREET ADDRESS	2845 CERCY TRACE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORDHAM JIMMY D	
STREET ADDRESS	1700 SUMMIT LAKE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE WILLIAM	
STREET ADDRESS	1402 DENHOLM DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCA ROGER S	
STREET ADDRESS	1700 SUMMIT LAKE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENNIS ERIN	
STREET ADDRESS	1432 DENHOLM DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY BERNADETTE	
STREET ADDRESS	2845 CERCY TRACE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY RICHARD S	
STREET ADDRESS	2845 CERCY TRACE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

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: **ERIN ENNIS**

**S** **03/20/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)