

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000018073

1. Entity Name

2171 WILSON BOULEVARD INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90248 044 \*\*\*150.00

Principal Place of Business  
1801 HERMITAGE BOULEVARD  
SUITE 600  
TALLAHASSEE FL 32308

Mailing Address  
1801 HERMITAGE BOULEVARD  
SUITE 600  
TALLAHASSEE FL 32308-7707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **75-2584802**  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

DAVID E. TODD  
1801 HERMITAGE BOULEVARD  
STE 100  
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

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD., STE 100	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DALEY, EDWARD	
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY, SUITE 800	
CITY-ST-ZIP	DALLAS TX 75231-6437	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, G. ANDREWS	
STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY, SUITE 800	
CITY-ST-ZIP	DALLAS TX 75231-6437	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JEFFREY L	
STREET ADDRESS	1801 HERMITAGE BOULEVARD, SUITE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WELCH, V MARK	
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY, SUITE 800	
CITY-ST-ZIP	DALLAS TX 75231-6437	
TITLE	VAT	<input checked="" type="checkbox"/> Delete
NAME	GOOD, LUANNE K	
STREET ADDRESS	1801 HERMITAGE BOULEVARD, SUITE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Welch	
STREET ADDRESS	8750 N. Central Expressway, #800	
CITY-ST-ZIP	Dallas, TX 75231	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Faraldo	
STREET ADDRESS	8750 N. Central Expressway, #800	
CITY-ST-ZIP	Dallas, TX 75231	
TITLE	DVAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James W. Horton	
STREET ADDRESS	1801 Hermitage Blvd., #600	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	DVAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynne Quick	
STREET ADDRESS	1801 Hermitage Blvd., #600	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas W. Bennett, Director

Date

850/488-4406

Daytime Phone #

CR2E034 (9/99)