

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-18-2000 90248 049 \*\*\*150.00

**DOCUMENT # P95000018079**

1. Entity Name  
**2039 WILSON BOULEVARD INC.**

Principal Place of Business <b>1801 HERMITAGE BOULEVARD          SUITE 600          TALLAHASSEE FL 32308</b>	Mailing Address <b>1801 HERMITAGE BOULEVARD          SUITE 600          TALLAHASSEE FL 32308-7707</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>75-2584804</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent <b>DAVIE E. TODD          1801 HERMITAGE BOULEVARD          STE 100          TALLAHASSEE FL 32308</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		
			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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BENNETT, DOUGLAS W</b>		NAME <b>Mark Faraldo</b>	
STREET ADDRESS <b>1801 HERMITAGE BLVD., STE 100</b>		STREET ADDRESS <b>8750 N. Central Expressway, #800</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		CITY-ST-ZIP <b>Dallas, TX 75231</b>	
TITLE <b>DVAS</b>	<input type="checkbox"/> Delete	TITLE <b>DVAT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HORTON, JAMES W</b>		NAME <b>Lynne Quick</b>	
STREET ADDRESS <b>1801 HERMITAGE BLVD., STE 100</b>		STREET ADDRESS <b>1801 Hermitage Blvd., #600</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL 32308</b>		CITY-ST-ZIP <b>Tallahassee, FL 32308</b>	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>VT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SMITH, G. A</b>		NAME <b>Mark V. Welch</b>	
STREET ADDRESS <b>8750 N CENTRAL EXPRESSWAY, STE 800</b>		STREET ADDRESS <b>8750 N. Central Expressway, #800</b>	
CITY-ST-ZIP <b>DALLAS TX 75321-6437</b>		CITY-ST-ZIP <b>Dallas, TX 75231</b>	
TITLE <b>VS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DALEY, EDWARD</b>		NAME	
STREET ADDRESS <b>8750 N CENTRAL EXPRESSWAY, STE 800</b>		STREET ADDRESS	
CITY-ST-ZIP <b>DALLAS TX 75321-6437</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SMITH, JEFFREY L</b>		NAME	
STREET ADDRESS <b>1801 HERMITAGE BLVD, SUITE 600</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE FL 32308</b>		CITY-ST-ZIP	
TITLE <b>VAT</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GOOD, LUANNE K</b>		NAME	
STREET ADDRESS <b>1801 HERMITAGE BLVD, SUITE 600</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE FL 32308</b>		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: **Douglas W. Bennett, Director** 850/488-4406  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)