

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90020 017 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P96000041236**

1. Entity Name  
**FLORIDA DATA BANK OF TALLAHASSEE, INC.**

Principal Place of Business <b>200 AVENUE B., NW          WINTER HAVEN FL 33880</b>	Mailing Address <b>200 AVENUE B., NW          WINTER HAVEN FL 33880</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>PO BOX 7378</b>
City & State	City & State <b>Winter Haven FL</b>
Zip	Country
<b>33883</b>	<b>USA</b>

4. FEI Number <b>59-3386161</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

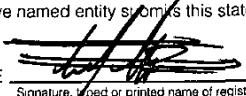
**6. Name and Address of Current Registered Agent**

**STRANG, CARL J III  
 200 AVENUE B., NW  
 WINTER HAVEN FL 33880**

**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  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, 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**

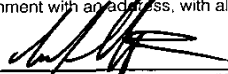
**11. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>STRANG, CARL J III</b>
STREET ADDRESS	<b>1340 LAKE CANNON DRIVE E</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>STRANG, CARL J JR.</b>
STREET ADDRESS	<b>1050 LAKE OTIS DRIVE WEST</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WILSON, KERRY M</b>
STREET ADDRESS	<b>1906 18TH ST NW</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BOGDAHN, JOSEPH</b>
STREET ADDRESS	<b>502 AVE C., NE</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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	
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:  DATE: **1/4/01** DAYTIME PHONE #: **863 299.1195**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

