

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096470

1. Entity Name

PREFERRED MANAGING AGENCY, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90114 044 ***150.00

Principal Place of Business

Mailing Address

810 THOMASVILLE ROAD
TALLAHASSEE FL 32303

P.O. BOX 15409
TALLAHASSEE FL 32317-5409

2. Principal Place of Business

3360 CAPITAL CIRCLE NE

3. Mailing Address

Suite, Apt. #, etc.

City & State

TALLAHASSEE FLORIDA

City & State

4. FEI Number

59-3480242

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TREADWAY, DOUGLAS
3760 SALLY LANE
TALLAHASSEE FL 32312

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME PATTERSON, JAMES A
STREET ADDRESS 560 S OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PSD ☐ Delete
NAME TREADWAY, DOUGLAS D
STREET ADDRESS 3760 SALLY LANE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DIERUF, THOMAS A
STREET ADDRESS 11806 E. ARBOR DRIVE
CITY-ST-ZIP LOUISVILLE KY 40223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GRAGANELA, JAMES
STREET ADDRESS 9984 BUCK POINT RD.
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PATTERSON, JAMES A II
STREET ADDRESS 615 WILLOWHURST PLACE
CITY-ST-ZIP LOUISVILLE KY 40223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

JAMES GRAGANELA

01/12/2000

Date

850.521.0742

Daytime Phone #

CR2E034 (9/99)