

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90034 001 \*1,100.00

**DOCUMENT # P98000022838**

1. Entity Name  
**FLORIDA DEMERE & ASSOCIATES, INC.**

Principal Place of Business

2414 E PLAZA DR  
 TALLAHASSEE FL 32308

Mailing Address

PO BOX 13651  
 TALLAHASSEE FL 32317-3651

20659



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1358 THOMASWOOD DR**

Suite, Apt. #, etc.

3. Mailing Address

**1358 THOMASWOOD DR**

Suite, Apt. #, etc.

City & State

**TALLAHASSEE, FL**

City & State

**TALLAHASSEE, FL**

4. FEI Number

**59-3501109**

Applied For

Not Applicable

Zip

Country

**32312 LEON**

Zip

Country

**32312 LEON**

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

**COOPER, CHARLES L JR.  
 1358 THOMASWOOD DRIVE  
 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BEEN, LAURNA J</b>	
STREET ADDRESS	<b>308 CALAMONDIN ST</b>	
CITY-ST-ZIP	<b>MARATHON FL 33050</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)