

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90195 030 \*\*\*150.00

**DOCUMENT # S58852**  
 1. Entity Name  
**SEMINOLE SUBS., INC.**  
 Principal Place of Business: **640 W TENNESSEE ST TALLAHASSEE FL 32304**  
 Mailing Address: **640 W TENNESSEE ST TALLAHASSEE FL 32304-7909 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **59-3070574**  
 Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**GROOM, MARK CPA**  
**418 E VIRGINIA ST**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name **Groom, Matt CPA**  
 Street Address (P.O. Box Number is Not Acceptable) **418 E Virginia St**  
 City **Tallahassee** FL Zip Code **32301**

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 *Matt Groom CPA* (NOTE: Registered Agent signature required when reinstating) DATE *2/18/00*

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**

OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WHITLEY, MARK P.</b>	
STREET ADDRESS	<b>10663 LAKE IAMONIA DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>VTS</b>	<input type="checkbox"/> Delete
NAME	<b>CHICHESTER, DANIEL R.</b>	
STREET ADDRESS	<b>1305 E. WINDWOOD WAY</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>COGGIN, AL</b>	
STREET ADDRESS	<b>2646 STONERIDGE DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MCCARHTY, SCOTT</b>	
STREET ADDRESS	<b>1454 VALLEY CREEK DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</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	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Chichester Daniel R</b>	
STREET ADDRESS	<b>SAME</b>	
CITY-ST-ZIP		
TITLE	<b>T/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Coggin Al</b>	
STREET ADDRESS	<b>SAME</b>	
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: *[Signature]* SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: *2-17-00* <sup>850</sup> Daytime Phone #: *524 0371*

CR2E034 (9/99)