

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27644

1. Entity Name

INTERGROUP 5, INC.

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90497 005 ****61.25

Principal Place of Business

1106 H THOMASVILLE RD
TALLAHASSEE FL 32303
US

Mailing Address

1106-H THOMASVILLE RD
TALLAHASSEE FL 32303
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2915187

Applied For

Not Applicable

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

COOK, PATRICIA
P O BOX 1568
118 MILL CREEK
CRAWFORDVILLE FL 32326

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

Patricia Cook

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☒ Delete
NAME KRAUSE, TIFFANY
STREET ADDRESS U-BOX 65050
CITY-ST-ZIP TALLAHASSEE FL 32313

TITLE CD ☒ Change ☐ Addition
NAME Tiffany Krause
STREET ADDRESS 325 Conradi Street
CITY-ST-ZIP Tallahassee, FL 32304

TITLE VCD ☒ Delete
NAME JENKINS, CHUCK
STREET ADDRESS 3515 DAYLILLY LANE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE VCD ☒ Change ☐ Addition
NAME Jack Duffey
STREET ADDRESS 1819 Trimble Road
CITY-ST-ZIP Tallahassee, FL 32303

TITLE SD ☒ Delete
NAME KELLEY, DIANE
STREET ADDRESS 1515 N MARTIN LUTHER KING BLVD
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE SD ☒ Change ☐ Addition
NAME Betty Lahtinen
STREET ADDRESS 1405 Chocksacko Nene
CITY-ST-ZIP Tallahassee, FL 32301

TITLE TD ☐ Delete
NAME COOK, PATRICIA
STREET ADDRESS P O BOX 1568
CITY-ST-ZIP CRAWFORDVILLE FL 32326-1548

TITLE TD ☒ Change ☐ Addition
NAME Patricia Cook
STREET ADDRESS P.O. BOX-1568
CITY-ST-ZIP Crawfordville, FL 32326-1568

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Cook* REQUIRE TREASURER

2/21/01

(850) 926-7466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)