

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 003860

1. Entity Name

THE MONTICELLO COMPANIES, INC.

FILED

May 11, 2000 8:00 am  
Secretary of State

05-11-2000 90355 001 \*\*\*600.00

Principal Place of Business

Mailing Address

1604 STOCKTON STREET  
JACKSONVILLE FL 32204

1604 STOCKTON STREET  
JACKSONVILLE FL 32204-4524  
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 59-0366140

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

ROBERTS, WILLIAM R  
1604 STOCKTON STREET  
JACKSONVILLE FL 32204

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

*William R. Roberts*

WILLIAM R. ROBERTS

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 P D ☐ Delete  
NAME DEAN, HENRY E III  
STREET ADDRESS 1604 STOCKTON STREET  
CITY-ST-ZIP JACKSONVILLE FL 32204

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

TITLE VP D ☐ Delete  
NAME DEAN, THOMAS D.S.  
STREET ADDRESS 1604 STOCKTON STREET  
CITY-ST-ZIP JACKSONVILLE FL 32204

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

TITLE ~~T~~ ☒ Delete  
NAME WILLIAMS, WILLIS W  
STREET ADDRESS 1604 STOCKTON STREET  
CITY-ST-ZIP JACKSONVILLE FL 32204

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

TITLE D ☐ Delete  
NAME CUMMINS, ELOISE  
STREET ADDRESS 1604 STOCKTON STREET  
CITY-ST-ZIP JACKSONVILLE FL 32204

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

TITLE SD ☐ Delete  
NAME ROBERTS, WILLIAM R  
STREET ADDRESS 711 NORTH OAK STREET  
CITY-ST-ZIP VALDOSTA GA 31601

TITLE T/S/D ☒ Change ☐ Addition  
NAME William R. Roberts  
STREET ADDRESS 711 North Street  
CITY-ST-ZIP VALDOSTA, GA 31601

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME FRANK T. ROBERTS  
STREET ADDRESS 3309 U.S. Highway 84 W.  
CITY-ST-ZIP VALDOSTA, GA 31601

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:

*Thomas S. Dean*

THOMAS S. DEAN

Date

4-24-00

904-384-3666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/99)