

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 164922

1. Entity Name
WOODCOCK-KOGER CORPORATION

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90231 031 ***550.00

Principal Place of Business
4160 BLVD CTR DR
JACKSONVILLE FL 32207
US

Mailing Address
4160 BLVD CTR DR
JACKSONVILLE FL 32207
US

660171



DO NOT WRITE IN THIS SPACE

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 59-0643667

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

PADGETT, DONALD A
3740 ST. JOHNS BLUFF ROAD, SUITE 5
JACKSONVILLE FL 32224

Name

Street Address (P.O. Box Number is Not Acceptable)

4160 BOULEVARD CENTER DR.

JACKSONVILLE, FL

City

FL

Zip Code

32207

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.

(NOT 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
After MAY 1, 2001
Fee IS \$150.00
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	<input type="checkbox"/> Delete
NAME	KOGER, IRA M.	
STREET ADDRESS	3740 ST. JOHNS BLUFF RD, SUITE 5	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	S	<input type="checkbox"/> Delete
NAME	HORNE, FLORA B.	
STREET ADDRESS	3740 ST. JOHNS BLUFF RD, SUITE 5	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	T	<input type="checkbox"/> Delete
NAME	PADGETT, DONALD A	
STREET ADDRESS	3740 ST. JOHNS BLUFF RD	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4160 BOULEVARD CENTER DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4160 BOULEVARD CENTER DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4160 BOULEVARD CENTER DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
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		
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 indicated on this report or supplemental report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/10/01

904-642-9150

CR2E034 (10/00)