

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 195560

1. Entity Name

PRYOR ENTERPRISES, INC.

FILED

Apr 09, 2001 8:00 am  
Secretary of State

04-09-2001 90032 001 \*\*\*150.00

Principal Place of Business

99 EGLIN PKWY NE  
SUITE 46  
FT. WALTON BEACH FL 32548

Mailing Address

99 EGLIN PKWY NE  
SUITE 46  
FT. WALTON BEACH FL 32548

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 59-0945255

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

SLOAT,DYE ANNA  
COUNTY ROAD S 30-A  
SANTA ROSA BEACH FL 32459

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 \$150.00**  
**After MAY 1, 2001 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 PD ☐ Delete  
NAME SLOAT,DYE ANNA  
STREET ADDRESS POBOX 1191,CNTRY RD S30A  
CITY-ST-ZIP SANTA ROSA BEACH FL

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

TITLE D ☐ Delete  
NAME SISSOR, WILLIAM M  
STREET ADDRESS 900 ADAMS CROSSING SUITE 2200  
CITY-ST-ZIP CINCINNATI OH 45202

TITLE ☐ Change ☐ Addition  
NAME Sasser, William M. (D) ☒ Change  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME SASSER, WILLIAM M.  
STREET ADDRESS 7850 FINLEY LANE  
CITY-ST-ZIP CINCINNATI OH

TITLE ☐ Change ☒ Addition  
NAME S.D.  
STREET ADDRESS Myers, Susan S.  
CITY-ST-ZIP 31 Bay Drive, SE  
Fort Walton Beach, FL 32548

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Susan S. Myers Secretary

Feb. 2, 2001

850-664-5665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)