

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 205918
Entity Name
TRANSFER COMPANY, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State
04-27-2000 90043 019 ***150.00

Principal Place of Business Mailing Address
N.W. 37TH AVENUE 10340 N.W. 37TH AVENUE
BOX 680579 P.O. BOX 680579
FL 33168-0579 MIAMI FLA 33168-0579

646982



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-0822319		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARTHET, PATRICK C ESQ 200 S. BISCAYNE BLVD STE 1800 MIAMI FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D OLIVER, SHERRILL 2300 INDIAN CREEK BLVD., WEST., APT. C117 VERO BEACH FL 32966		NAME	
ST ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
D EUSERINGHAM, PHILIP D 2602 SAN DOMINGO ST CORAL GABLES FL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
D UTVICH, DAVID 1368 HIBISCUS AVE. WINTER PARK FL 32789	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
DP UTVICH, MICHAEL 10340 N.W. 37TH AVE. MIAMI FL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
CST UTVICH, LORNA RANDALL 10340 N.W. 37TH AVE. MIAMI FL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
D UTVICH, DARYL PO BOX 622462 ORLANDO FL 32862	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

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: MICHAEL STUTCH, C.F.O. Date: 4/20/00 Daytime Phone #

CR2E034 (9/99)