

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 282639

1. Entity Name

FLORIDA POLO, INC.

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90033 005 ***150.00

Principal Place of Business

4550 POLO ROAD
LAKE WORTH FL 33467-3718

Mailing Address

4550 POLO ROAD
LAKE WORTH FL 33467-3718

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

59-1096396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BYRD, WADE R

~~340 ROYAL PALM WAY~~ 350 ROYAL PALM WAY
PALM BEACH FL 33480

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, 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 PD
NAME STEELE, T. G.
STREET ADDRESS 700 S. WASHINGTON ST.
CITY-ST-ZIP ALEXANDRIA VA 22314 ☐ Delete

TITLE VP
NAME ORTHWEIN, STEPHEN A
STREET ADDRESS 1409 WASHINGTON AVE.
CITY-ST-ZIP ST. LOUIS MO 63103 ☐ Delete

TITLE S
NAME BYRD, WADE R.
STREET ADDRESS 340 ROYAL PALM WAY
CITY-ST-ZIP PALM BEACH FL ☐ Delete

TITLE T
NAME JOHNSTON, S.K. III
STREET ADDRESS 600 KRYSTAL BLDG
CITY-ST-ZIP CHATTANOOGA TN ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE TREASURER
NAME STEELE, T. GARRICK
STREET ADDRESS 11911 FREEDOM DRIVE SUITE 1050
CITY-ST-ZIP RESTON, VA 20195 ☒ Change ☐ Addition

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

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

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

TITLE PRESIDENT
NAME JOHN INGRAM
STREET ADDRESS 4400 HARDING ROAD
CITY-ST-ZIP NASHVILLE, TN 37069 ☐ Change ☒ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)