

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 297602

1. Entity Name:

EDMISTON & EDMISTON, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90241 035 \*\*\*150.00

Principal Place of Business

4160 CURRY FORD RD  
ORLANDO FL 32806  
US

Mailing Address

4160 CURRY FORD RD  
ORLANDO FL 32806-2704  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1232829

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EDMISTON, ROBERT V.  
2120 HOMEWOOD DRIVE  
ORLANDO FL 32809

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

TITLE PD  
NAME EDMISTON, JAMES R. ☐ Delete  
STREET ADDRESS 1191 QUINTRUPLET DRIVE  
CITY-ST-ZIP CASSELBERRY FL

TITLE VD  
NAME EDMISTON, MAXINE L. ☐ Delete  
STREET ADDRESS 1191 QUINTRUPLET DRIVE  
CITY-ST-ZIP CASSELBERRY FL

TITLE SD  
NAME EDMISTON, ROBERT V. ☐ Delete  
STREET ADDRESS 2120 HOMEWOOD DRIVE  
CITY-ST-ZIP ORLANDO FL

TITLE TD  
NAME EDMISTON, FLORENCE ☐ Delete  
STREET ADDRESS 2120 HOMEWOOD DRIVE  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 a name I am empowered.

SIGNATURE:

*[Signature]*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

Date

407-855-5800

Daytime Phone #