## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 28, 2001 8:00 am Secretary of State **DOCUMENT # 331201** 1. Entity Name SCOTT - MCRAE ADVERTISING, INC. -28-2001 90083 046 \*\*\*150.00 Principal Place of Business Mailing Address 701 FISK STREET 701 FISK STREET SUITE 310 SUITE 310 JACKSONVILLE FL 32204 JACKSONVILLE FL 32204 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEL Number 59-1212250 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAWRENCE M. MATHENY JR & PAMELA L. WIKER Street Address (P.O. Box Number is Not Acceptable) 701 FISK STREET 2ND FLOOR JACKSONVILLE FL 32204 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 fite if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete Addition TITLE ☐ Change TITLE MATHENY, LAWRENCE M. J NAME NAME 701 FISK ST. SUITE 200 STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP JACKSONVILLE FL 32204 CITY-ST-ZIP ST ☐ Delete Changa Addition TITLE TITLE KANE, WILLIAM H. NAME NAME 701 FISK ST, SUITE 200 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32204 CITY-ST-ZIP CITY-ST-ZIP ۷D ☐ Delete ☐ Chance Addition THE TITLE GRAHAM, HENRY H JR. NAME NAME 701 FISK ST., STE. 310 STREET ADDRESS STREET ADDRESS CIRY-ST-ZIP JACKSONVILLE FL 32204 CITY - ST- ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITE F JONES, RICHARD K. MAME NAME STREET ADDRESS 701 FISK ST, SUITE 200 STREET ADDRESS JACKSONVILLE FL 32204 CITY-ST-ZIP CITY-ST-79P ☐ Change ☐ Addition ☐ Delete TITLE TITLE MCRAE, WALTER M NAME NAME 1725 MEMORIAL PARK DR. STREET ADDRESS STREET ADDRESS

Jacksonville, FL 32204 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

JACKSONVILLE FL 32204

Ernest E. Rhyne

701 Fisk Street, Suite 310

CITY-ST-7IP

STREET ADDRESS

CJTY-ST-7IP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Henry H. Graham, Jr.

Delete

Ernest E. Rhyne 701 Fisk Street, Jacksonville, FL

904-354-3300

Change

X Addition

Suite 310 32204

CR2E034 (10/00