

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 434496

1. Entity Name

THE MITCHELL CORPORATION OF FLORIDA

Principal Place of Business

COLONIAL BANK CENTRE
41 NORTH BELTLINE HIGHWAY
MOBILE AL 36608-1201
US

Mailing Address

PO BOX 160306
MOBILE AL 36616-1306
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPUS, JOSEPH J III
3298 SUMMIT BLVD #18
PENSACOLA FL 32505

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	D	<input type="checkbox"/> Delete
NAME	STEFAN, CHESTER J	
STREET ADDRESS	41 NORTH BELTLINE HIGHWAY	
CITY-ST-ZIP	MOBILE AL 36608	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, DONALD P. J	
STREET ADDRESS	41 NORTH BELTLINE HIGHWAY	
CITY-ST-ZIP	MOBILE AL 36608	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SAINT, JOHN B.	
STREET ADDRESS	41 NORTH BELTLINE HIGHWAY	
CITY-ST-ZIP	MOBILE AL 36608	
TITLE	S	<input type="checkbox"/> Delete
NAME	WESCH, PAUL C.	
STREET ADDRESS	41 NORTH BELTLINE HIGHWAY	
CITY-ST-ZIP	MOBILE AL 36608	
TITLE	T	<input type="checkbox"/> Delete
NAME	ISHEE, WILLIAM H.	
STREET ADDRESS	41 NORTH BELTLINE HIGHWAY	
CITY-ST-ZIP	MOBILE AL 36608	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMPUS III, JOSEPH J.	
STREET ADDRESS	41 NORTH BELTLINE HIGHWAY	
CITY-ST-ZIP	MOBILE AL 36608	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-01 (334)380-2929

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90124 024 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0655786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (10/00)

0589267