

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 531258

1. Entity Name

SBF AGENCY, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91165 042 ***150.00

Principal Place of Business

498 PALM SPRINGS DRIVE, SUITE 250
ALTAMONTE SPRINGS FL 32701

Mailing Address

P.O. BOX 1638 MAIL CODE M0640
CHATTANOOGA TN 37401

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 59-1740127

Applied For

Not Applicable

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

ARTHER, CATHY H
200 S. ORANGE AVENUE
ORLANDO FL 32801

Name

ARTHER, CATHY HOMA

Street Address (P.O. Box Number is Not Acceptable)

200 S. ORANGE AVE., 9TH FLOOR, MAIL CODE 1093

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.

CATHY HOMA ARTHUR

(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	VD	<input type="checkbox"/> Delete
NAME	PATTERSON, DENNIS M	
STREET ADDRESS	P O BOX 4418	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KINSEY, MICHAEL A	
STREET ADDRESS	P O BOX 4418	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TATUM, MYRA G	
STREET ADDRESS	P O BOX 1638	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	V	<input type="checkbox"/> Delete
NAME	BITLER, HAROLD	
STREET ADDRESS	P O BOX 4418	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	V	<input type="checkbox"/> Delete
NAME	JAMISON, DEBORAH	
STREET ADDRESS	P O BOX 4418	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUEVE, RONALD K	
STREET ADDRESS	P O BOX 4418	
CITY-ST-ZIP	ATLANTA GA 30308	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30302-4418	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30302-4418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30302-4418	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30302-4418	

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:

Ronald K. Rueve
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)