

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 575710

1. Entity Name

CARTER & COMPANY

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90057 018 ***150.00

Principal Place of Business

Mailing Address

2564 GRASSY POINT
SUITE 200
LAKE MARY FL 32746
US

P O BOX 2265
WINTER PARK FL 32790-2265
US

2. Principal Place of Business

3. Mailing Address

822 WILMINGTON LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE MARY, FL

Zip

Country

Zip

Country

32746

USA

4. FEI Number

59-1823614

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

CARTER, GROVER J., JR.
2564 GRASSY POINT
SUITE 200
LAKE MARY FL 32746

Name

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

822 WILMINGTON LANE

City

LAKE MARY

FL

Zip Code

32746

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, GROVER J, JR 454 AUTUMN OAKS PL LAKE MARY FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

G. J. CARTER, JR. PRESIDENT

3/22/00

407-644-7660

Date

Daytime Phone #

CR2E034 (9/99)