

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90105 031 ***158.75

DOCUMENT # 681465

1. Entity Name

BUCHANAN MANAGEMENT COMPANY

Principal Place of Business
ATTN: CORPORATE ACCOUNTING
375 COMMERCE PARKWAY
ROCKLEDGE FL 32955
US

Mailing Address
ATTN: CORPORATE ACCOUNTING
375 COMMERCE PARKWAY
ROCKLEDGE FL 32955
US

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 **59-2050100**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCHANAN, M S
375 COMMERCE PKWY
STE 201
ROCKLEDGE FL 32955

Name **WELBY E. BOUGHTON**

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

375 Commerce Pkwy, STE 201

City **ROCKLEDGE**

FL

Zip Code **32955**

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 *Welby E. Boughton* **WELBY E. BOUGHTON - SECRETARY**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-2001
 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 **STD** ☐ Delete
 NAME **BOUGHTON, WELBY E.**
 STREET ADDRESS **375 COMMERCE PKWY, STE 201**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

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

TITLE **PD** ☐ Delete
 NAME **BUCHANAN, GAIL D**
 STREET ADDRESS **375 COMMERCE PKWY, STE 201**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

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

TITLE **D** ☒ Delete
 NAME **BUCHANAN, M S**
 STREET ADDRESS **375 COMMERCE PKWY, STE 201**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: *Gail D. Buchanan*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-2001 321-631.0070

CR2E034 (10/00)