

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 694899**1. Entity Name  
FULL SAIL, INC.

## Principal Place of Business

3300 UNIVERSITY BLVD,  
SUITE 160  
WINTER PARK FL  
32792

## Mailing Address

3300 UNIVERSITY BLVD,  
SUITE 160  
WINTER PARK FL  
32792

## 2. Principal Place of Business

3300 UNIVERSITY BLVD,

## 3. Mailing Address

3300 UNIVERSITY BLVD,

Suite, Apt. #, etc.  
SUITE 160Suite, Apt. #, etc.  
SUITE 160City & State  
WINTER PARK FLCity & State  
WINTER PARK FLZip Country  
32792Zip Country  
327924. FEI Number  
59-2111456Applied For  
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

HADDOCK PROFESSIONAL ASSOCIATION  
3260 UNIVERSITY BLVD., SUITE 210WINTER PARK FL  
32792 US

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ 04/30/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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

TITLE	AS	<input type="checkbox"/> Delete
NAME	LAMB DEBORAH	
STREET ADDRESS	3300 UNIVERSITY BLVD, STE 160	
CITY-ST-ZIP	WINTER PK FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEAVENER JAMES W.	
STREET ADDRESS	3300 UNIVERSITY BLVD.,STE.160	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	V	<input type="checkbox"/> Delete
NAME	JONES, GARRY	
STREET ADDRESS	3300 UNIVERSITY BLVD.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	HADDOCK, EDWARD E. JR	
STREET ADDRESS	3300 UNIVERSITY BLVD.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	PHELPS, JOHNATHAN D.	
STREET ADDRESS	3300 UNIVERSITY BLVD.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGRUDER DEBORAH RMRS	
STREET ADDRESS	3300 UNIVERSITY BLVD.	
CITY-ST-ZIP	WINTER PK FL 32792	
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEAVENER JAMES WMR	
STREET ADDRESS	3300 UNIVERSITY BLVD.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES GARRY MR	
STREET ADDRESS	3300 UNIVERSITY BLVD.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADDOCK JR EDWARD EMR	
STREET ADDRESS	3300 UNIVERSITY BLVD.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHELPS JONATHAN DMR	
STREET ADDRESS	3300 UNIVERSITY BLVD.	
CITY-ST-ZIP	WINTER PARK FL 32792	
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: MRS. DEBORAH R. MAGRUDER

AS 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)