## 2000 UNIFORM BUSINESS REPORT (UBR) 8/1/ FILED Aug 21, 2000 8:00 am Secretary of State **DOCUMENT # 746199** 1. Entity Name FLORIDA TAXWATCH RESEARCH INSTITUTE, INC. 08-01-2000 90002 021 \*\*\*\*61.25 Principal Place of Business Mailing Address 106 N BRONOUGH ST P O BOX 10209 TALLAHASSEE FL 32301 TALLAHASSEE FL 32302 HS HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1918055 Not Applicable Zip Zip \$8.75 Additional Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CALABRO, DOMINIC M 106 N BRONOUGH ST TALLAHASSEE FL 32301 City 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 DATE Signature, typed or printed name of negistered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State Added to Fees After September 13, 2000 min, will be \$236,25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition CHATEMAN SD Change TITLE 🔀 Delete TITLE To'Neal Dougles SINK, ADELAIDE A NAME NAME 1776 American Herrtage Like # Dr. STREET ADDRESS 50 N. LAURA ST 42 FLOOR STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-ZIP PDCE ☐ Change ☐ Addition TITLE ☐ Delete . CALABRO, DOMINIC M NAME STREET ADDRESS 106 N. BRONOUGH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL 32301 - Glect Addition CED **Delete** TITLE Cháiman ☐ Change TITLE LI EVANS NAME HOLLIS, MARK C-NAME eve Stc 150 101 N Montoe St 1936 GEORGE JENKINS BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3130 i CITY-ST-ZIF LAKELAND FL 33802 Tallahassee Fh Change Addition X TITLE TD Delete TITLE Secreta R. Barnett O'TOOLE, WILLIAM A NAME NAME Hogt STREET ADDRESS STREET ADDRESS P.O BOX 10000 N/A PO. Box 407 CITY-ST-ZIP CITY-ST-21E LAKE BUENA VISTA FL Delete TITLE ☐ Change ☐ Addition TITLE NAME LACHER, JOSEPH P NAME STREET ADDRESS STREET ADDRESS 150 W FLAGLER ST SUITE 1901 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33130 CED Change: Addition TITLE **X** Delete TITLE O'NEAL, DOUGLAS T NAME NAME STREET ADDRESS STREET ADDRESS 1776 AMERICAN HERITAGE LIFE DRIVE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32224 12. I hereby certify that the information supplied with this fitting 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 ceth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

omme M. Colaty