

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 817206

1. Entity Name

ERICKSON'S INC

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90115 016 ***150.00

Principal Place of Business

1711 PRICE STREET
P.O. BOX 22519
SAVANNAH GEORGIA 31403

Mailing Address

1711 PRICE STREET
P.O. BOX 22519
SAVANNAH GEORGIA 31403-2519

2. Principal Place of Business

3. Mailing Address

1 ERICKSON Drive

1 ERICKSON Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 22519

PO Box 22519

City & State

City & State

Savannah, GA

Savannah, GA

Zip

Country

Zip

Country

31405

31405

4. FEI Number 58-0653104

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

CLERK OF THE CIRCUIT COURT
ORANGE COUNTY COURT HOUSE
ORLANDO FL

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

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	PD	<input type="checkbox"/> Delete
NAME	ERICKSON, T W	
STREET ADDRESS	1711 PRICE ST	
CITY-ST-ZIP	SAVANNAH, GA 00000 31401	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERICKSON, M.M.	
STREET ADDRESS	1711 PRICE STREET	
CITY-ST-ZIP	SAVANNAH GA 31401	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RALSTON, W C JR	
STREET ADDRESS	1711 PRICE ST	
CITY-ST-ZIP	SAVANNAH, GA 00000 31401	
TITLE	ST	<input type="checkbox"/> Delete
NAME	AKINS, C.H.	
STREET ADDRESS	1711 PRICE ST.	
CITY-ST-ZIP	SAVANNAH GA 31401	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYNN, C R	
STREET ADDRESS	1711 PRICE ST	
CITY-ST-ZIP	SAVANNAH GA 13401	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATERS, D. L.	
STREET ADDRESS	1711 PRICE STREET	
CITY-ST-ZIP	SAVANNAH GA 31401	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON, T.W.	
STREET ADDRESS	1 ERICKSON Drive	
CITY-ST-ZIP	Savannah, GA 31405	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON, M.M.	
STREET ADDRESS	1 ERICKSON Drive	
CITY-ST-ZIP	Savannah, GA 31405	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ralston, W C Jr	
STREET ADDRESS	1 ERICKSON Drive	
CITY-ST-ZIP	Savannah, GA 31405	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKINS, C.H.	
STREET ADDRESS	1 ERICKSON Drive	
CITY-ST-ZIP	Savannah, GA 31405	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynn, CR	
STREET ADDRESS	1 ERICKSON Drive	
CITY-ST-ZIP	Savannah, GA 31405	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Waters, D.L	
STREET ADDRESS	1 ERICKSON Drive	
CITY-ST-ZIP	Savannah, GA 31405	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Charlotte H. Akins* Secretary/Treasurer

04/20/00

912-527-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)