

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 817513

1. Entity Name

THE EXPOSITION COMPANY

Principal Place of Business

99 SIXTH STREET SW  
WINTER HAVEN FL 33880  
US

Mailing Address

99 SIXTH STREET SW  
WINTER HAVEN FL 33880  
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 58-0238090

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHILTON, CHARLES R.  
99 6TH ST SW  
BARTOW, FL  
WINTER HAVEN FL 33880

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

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, 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 CPD ☐ Delete  
NAME BLACK, JANE C.  
STREET ADDRESS 520 E PACES FERRY RD NE  
CITY-ST-ZIP ATLANTA GA

TITLE TD ☐ Delete  
NAME BLACK, DAMERON III  
STREET ADDRESS 520 E PACES FERRY ROAD NE  
CITY-ST-ZIP ATLANTA GA 02

TITLE SATD ☐ Delete  
NAME HOLMES, SHARYN C  
STREET ADDRESS 520 E PACES FERRY ROAD NE  
CITY-ST-ZIP ATLANTA GA 02

TITLE VD ☐ Delete  
NAME BLACK, DAMERON IV  
STREET ADDRESS 520 E PACES FERRY RD NE  
CITY-ST-ZIP ATLANTA GA

TITLE VD ☐ Delete  
NAME BLACK, EMORY C  
STREET ADDRESS 520 E PACES FERRY RD NE  
CITY-ST-ZIP ATLANTA GA

TITLE VD ☐ Delete  
NAME BLACK, JAMES F.  
STREET ADDRESS 520 E PACES FERRY RD NE  
CITY-ST-ZIP ATLANTA GA

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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, or all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01

404 2336404

CR2E034 (10/00)