## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Feb 16, 2000 8:00 am Secretary of State **DOCUMENT # 833461** 1. Entity Name CANNON FLORIDA, INC. 02-16-2000 90024 012 \*\*\*150.00 Mailing Address Principal Place of Business 2170 WHITEHAVEN RD. ONE INDEPENDANT DRIVE ATTN: ACCOUNTING SUITE 302 AUU19589 GRAND ISLAND NY 14072-2025 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 43-0188830 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10.-Election Campaign Financing. \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE TITLE Delete NAME NIKOLAJEVICH, GEORGE Z. NAME STREET ADDRESS STREET ADDRESS ONE CITY CENTRE CITY-ST-ZIP CITY-ST-ZIP ST.LOUIS MO ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME TURNER, M K STREET ADDRESS STREET ADDRESS ONE CITY CENTRE CITY-ST-ZIP CITY-ST-ZIP ST. LOUIS MO. Delete ☐ Change ☐ Addition TITLE TITLE NAME CARLSON, RICHARD E NAME STREET ADDRESS STREET ADDRESS ONE CITY CENTRE CITY-ST-ZIP CITY-ST-ZIP ST LOUIS MI ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME MILLER, GARY R NAME STREET ADDRESS STREET ADDRESS 2170 WHITEHAVEN ROAD CITY-ST-ZIP CITY-ST-ZIP GRAND ISLAND NE ☐ Delete ☐ Change ☐ Addition TITLE TITLE ALLAN M PINCHOFF NAME STREET ADDRESS STREET ADDRESS 2170 WHITEHAVEN ROAD CITY-ST-ZIP CITY-ST-ZIP **GRAND ISLAND NE** ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS 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

Daytime Phone #

Date