

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838613

1. Entity Name

SOUTHERN CIRCULATION MANAGERS ASSOCIATION, INCOR

Principal Place of Business

P O BOX 251394  
HOLLY HILL FL 32125  
US

Mailing Address

P O BOX 14762  
MONROE LA 71207  
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

62-0987238

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

KEARLEY, ROBERT R  
271 GOLDEN BAY BLVD.  
OAK HILL FL 32759

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

*Robert R. Kearley*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/07/01

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C  
NAME SHEPPARD, TOM  
STREET ADDRESS 970 NORTH OLA RD  
CITY-ST-ZIP MCDONOUGH GA 30252 ☒ Delete

TITLE C  
NAME TABOR, GLEN  
STREET ADDRESS 701 Lynn Garden Dr  
CITY-ST-ZIP Kingsport, TN 37660 ☐ Change ☒ Addition

TITLE P  
NAME TABOR, GLEN  
STREET ADDRESS 304 GOVERNMENT ST  
CITY-ST-ZIP MOBILE AL 36652 ☒ Delete

TITLE P  
NAME MAIER, FRANK  
STREET ADDRESS 4900 HWY 90 E  
CITY-ST-ZIP LAKE CHARLES, LA 70602 ☐ Change ☒ Addition

TITLE D  
NAME EICKHOFF, ROBERT  
STREET ADDRESS 633 N ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32802 ☒ Delete

TITLE D  
NAME Sheppard, Tom  
STREET ADDRESS 970 North OLA Rd  
CITY-ST-ZIP MCDONOUGH, GA 30252 ☐ Change ☒ Addition

TITLE T  
NAME KEARLEY, ROBERT R  
STREET ADDRESS 271 GOLDEN BAY BLVD  
CITY-ST-ZIP OAK HILL FL 32759 ☐ Delete

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

TITLE S  
NAME IRWIN, DEBBIE  
STREET ADDRESS 633 N ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32802 ☒ Delete

TITLE S  
NAME Fontenot, Jackie  
STREET ADDRESS 3616 Greenwich Blvd  
CITY-ST-ZIP LAKE CHARLES, LA 70607 ☐ Change ☒ Addition

TITLE V  
NAME MAIER, FRANK  
STREET ADDRESS 4900 HWY 90 E  
CITY-ST-ZIP LAKE CHARLES LA 70602 ☒ Delete

TITLE V  
NAME McLeod, Tommie  
STREET ADDRESS 175 56th Ave S.  
CITY-ST-ZIP St. Petersburg, FL 33705 ☐ Change ☒ Addition

12. 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 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:

*Robert R. Kearley* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/01

Date

(318) 362-0251

Daytime Phone #

CR2E037 (10/00)

FILED  
Jan 23, 2001 8:00 am  
Secretary of State

01-23-2001 90043 032 \*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE