

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838613

1. Entity Name

**SOUTHERN CIRCULATION MANAGERS ASSOCIATION, INCORPORATED**

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

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>SHEPPARD, TOM</b> <b>970 NORTH OLA RD</b> <b>MCDONOUGH GA 30252</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TABOR, GLEN</b> <b>304 GOVERNMENT ST</b> <b>MOBILE AL 36652</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EICKHOFF, ROBERT</b> <b>633 N ORANGE AVENUE</b> <b>ORLANDO FL 32802</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KEARLEY, ROBERT R</b> <b>271 GOLDEN BAY BLVD</b> <b>OAK HILL FL 32759</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>IRWIN, DEBBIE</b> <b>633 N ORANGE AVENUE</b> <b>ORLANDO FL 32802</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MAIER, FRANK</b> <b>4900 HWY 90 E</b> <b>LAKE CHARLES LA 70602</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>FRANK MAIER</b> <b>2317 S. MEMORIAL PKWY</b> <b>HUNTSVILLE, AL 35807</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Tommie McLeod</b> <b>440 S. 1<sup>st</sup> AVE</b> <b>St Petersburg, FL 33731</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Glen Tabor</b> <b>701 Lynn Garden Dr</b> <b>Kingsport, TN 37660</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JACKIE Fontenot</b> <b>4900 Hwy 90 E</b> <b>LAKE CHARLES, LA 70602</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Darrell Jones</b> <b>495 Union Ave</b> <b>Memphis, TN 38101</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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

*January 17, 2002*

Date

*(318) 362-0251*

Daytime Phone #

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90122 032 \*\*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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