

F03832
OFFICE OF THE COMPTROLLER
FLORIDA
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name:	<u>Smith, Gambrell & Russell, LLP</u>	EIN or SS#:	
Address:	<u>1230 Peachtree Street NE, Suite 3100, Atlanta, GA 30309</u>		
Attention:	<u>Amy J. Kobb</u>		
Amount:	<u>\$35.00</u>	Date Paid:	
Reason for Claim:	<u>Document was previously filed to change name of corporation on</u>		
	<u>June 13, 1997 for WILLOW BEND, INC. which changed its name to FCI OF FLORIDA, INC.</u>		
	<u>(Document #F03832) D. Connell - Amend.</u>		
Certified true and correct this	<u>16th</u>	day of	<u>August</u> , 19 <u>97</u>
Signature	<u>Amy J Kobb</u>		
* Must be completed if authority is other than Section 215.26, Florida Statutes.			

Do Not Write in This Box - For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	
Amount of recommended refund \$	<u>35.00</u>
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on	
State Treasurer's Receipt No.	<u>01055 012</u> dated <u>06/20/97</u>
NAME OF ACCOUNT:	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>607.0122</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	<u>452021300014530000000022002000</u>
Certified true and correct this	day of , 19
Department of State, Division of Corporations (Agency)	(Authorized Agency Signature and Title)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 20, 1997

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: FCI OF FLORIDA, INC.
Ref. Number: F03832

We have received your document for FCI OF FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on June 13, 1997.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6906.

Darlene Connell
Corporate Specialist

Letter Number: 097A00033104

Document Number Only

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

600002218416--6

-06/20/97--01055--012

*****35.00 *****35.00

CORPORATION(S) NAME

Willow Bend, Inc.
changing its name to:

FCI Florida, Inc.

☐ Profit

☐ NonProfit

☐ Limited Liability Co.

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Certified Copy

☐ Call When Ready

☒ Walk In

☐ Mail Out

☒ Amendment

☐ Dissolution/Withdrawal

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Call if Problem

☐ Merger

☐ Mark

☐ Other UCC Filing

☐ Change of R.A.

☐ Fic. Name

☐ CUS

☐ After 4:30

☒ Pick Up

Name

Availability

Document
Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

PLEASE RETURN EXTRA COPIES
FILE STAMPED

6-20

7 JUN 20 PM 11:46

CR2E031 (1-89)