

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F25606

1. Entity Name

REPUBLIC ASSET MANAGEMENT CORPORATION

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90020 014 ***150.00

Principal Place of Business

Mailing Address

155 OFFICE PLAZA DR
TALLAHASSEE FL 32301
US

P.O. BOX 10608
TALLAHASSEE FL 32302-2608
US

2. Principal Place of Business

3. Mailing Address

433 N Magnolia Dr

PO Box 10608

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee FL

Tallahassee FL

Zip

Country

Zip

Country

32308

USA

32302-2608

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUGUESS, MILTON V

155 OFFICE PLAZA DR 433 N. Magnolia Dr.
TALLAHASSEE FL 32301 32308

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS PEIRCE, ROBERT V
CITY-ST-ZIP 2948 BLAIRSTONE CT
TALLAHASSEE FL

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS BAUGUESS, MILTON V.
CITY-ST-ZIP 2011 SEMINOLE DR
TALLAHASSEE FL 32301

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

TITLE ☐ Delete
NAME D
STREET ADDRESS PACE, W A
CITY-ST-ZIP 315 STARMOUNT DRIVE
TALLAHASSEE FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CAPPS, MARILYN R.
CITY-ST-ZIP 2011 SEMINOLE DRIVE
TALLAHASSEE FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LONGMAN, BRUCE C
CITY-ST-ZIP 2850 CHUMLEIGH CIR
TALLAHASSEE FL

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

TITLE ☐ Delete
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, with all other like empowered.

SIGNATURE:

Milton V. Bauguess
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-00 (850) 656-3400

CR2E034 (9/99)