

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90070 041 \*\*\*150.00

**DOCUMENT # F35822**

1. Entity Name

**TABOR-LEWIS CORPORATION**

Principal Place of Business

**4710 ACORN CR  
 SARASOTA FL 34233**

Mailing Address

**4710 ACORN CR  
 SARASOTA FL 34233**

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

**59-2096724**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**WOODRUFF, DIAN C  
 4710 ACORN CIRCLE  
 SARASOTA FL 34233**

7. Name and Address of New Registered Agent

Name

**Creighton, Timothy R.**

Street Address (P.O. Box Number is Not Acceptable)

**7316 Broughton Ave.**

City

**Sarasota**

FL

Zip Code

**34243**

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

*Dian C. Woodruff*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*Timothy R. Creighton*  
 1/17/02

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, 2002 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 **VD**  
 STREET ADDRESS **LEWIS, WILLIAM C**  
 CITY-ST-ZIP **POST OFFICE BOX 1951 N/A**  
**MIDDLEBURG FL**

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

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **CREIGHTON, FREDERICK**  
 CITY-ST-ZIP **701 FOX CLIFF CT**  
**SMYRNA GA**

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

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **SCHUMAKER, MARY LOVE**  
 CITY-ST-ZIP **511 NORTH FIRST STREET UNIT 601**  
**CHARLOTTESVILLE VA**

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

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **HUDGINS, MARTHA LOUISE**  
 CITY-ST-ZIP **261 BLUE SKY DR, NE**  
**MARIETTA GA**

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

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **BERG, ANN L**  
 CITY-ST-ZIP **5549 SHADY TRAIL**  
**YOUNG HARRIS GA 30582**

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

TITLE ☒ Delete  
 NAME **P**  
 STREET ADDRESS **WOODRUFF, DIAN C.**  
 CITY-ST-ZIP **4710 ACORN CIR**  
**SARASOTA FL**

TITLE ☐ Change ☒ Addition  
 NAME **Pres.**  
 STREET ADDRESS **Jesse Lewis**  
 CITY-ST-ZIP **5365 Aaron's Way**  
**Patterson, Ga. 31557**

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:

*Dian C. Woodruff*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/17/02*  
 Date

Daytime Phone #

CR2E034 (9/01)