## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Mar 31, 2000 8:00 am Secretary of State **DOCUMENT # F74232** NOTARY PUBLIC UNDERWRITERS, INC. 03-31-2000 90055 031 \*\*\*150.00 Principal Place of Business Mailing Address 5524 APALACHEE PKY P. O. BOX 5378 Au832520 TALLAHASSEE FL 32311 TALLAHASSEE FL 32314-5378 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2174261 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIESTELHORST, JACK Street Address (P.O. Box Number is Not Acceptable) 5524 APALACHEE PKWY TALLAHASSEE FL 32311 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition **CSTD** TITLE ☐ Delete TITLE NAME DIESTELHORST, JACK NAME STREET ADDRESS STREET ADDRESS 2701 EVERETT LANE CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL Change ☐ Addition TITLE ☐ Delete TITLE SOLOMON, DEBRA NAME NAME SOLOMON, DEBRA 3463 GENTLEWINDWAY STREET ADDRESS STREET ADDRESS 2070 SOLOMON CT TALLAHASSEE, FL 32311 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Change Addition ☐ Delete TITLE TITLE NAME TAYLOR, DEBRA J. NAME STREET ADDRESS STREET ADDRESS 8166 BLUE QUILL TRL CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Date

Daytime Phone #

**FILED**