

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003466

1. Entity Name

NEWCHECK CORPORATION

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90082 007 \*\*\*550.00

Principal Place of Business

Mailing Address

8400 BAYMEADOWS WAY  
SUITE 12  
JACKSONVILLE FL 32256-8248

8400 BAYMEADOWS WAY  
SUITE 12  
JACKSONVILLE FL 32256-8248

2. Principal Place of Business

10550 DEERWOOD PARK BLVD.

3. Mailing Address

10550 DEERWOOD PARK BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 509

STE 509

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32256

Country

USA

Zip

32256

Country

USA

4. FEI Number

59-3249725

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE C  
NAME WILSON, THOMAS  
STREET ADDRESS 8400 BAYMEADOWS WAY, SUITE 12  
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE DP  
NAME FRIES, DAVID C  
STREET ADDRESS 8400 BAYMEADOWS WAY, SUITE 12  
CITY-ST-ZIP JACKSONVILLE FL 32256 ☒ Delete

TITLE S  
NAME QUINLAN, JOHN  
STREET ADDRESS 8400 BAYMEADOWS WAY, SUITE 12  
CITY-ST-ZIP JACKSONVILLE FL 32256 ☒ Delete

TITLE D  
NAME REIN, HARRY  
STREET ADDRESS 8400 BAYMEADOW WAY, SUITE 12  
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE VP  
NAME STEVENSON, JOHN  
STREET ADDRESS 8400 BAYMEADOW WAY, SUITE 12  
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE D  
NAME FAILING, BRUCE  
STREET ADDRESS 8400 BAYMEADOW WAY, SUITE 12  
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10550 DEERWOOD PARK BLVD. STE 509  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Change ☒ Addition  
NAME PRESIDENT  
STREET ADDRESS 10550 DEERWOOD PARK BLVD. STE 509  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Change ☒ Addition  
NAME CFO  
STREET ADDRESS 10550 DEERWOOD PARK BLVD. STE 509  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10550 DEERWOOD PARK BLVD. STE 509  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☒ Change ☐ Addition  
NAME STEVENSON, JOHN  
STREET ADDRESS 10550 DEERWOOD PARK BLVD. STE 509  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☒ Change ☐ Addition  
NAME CEO  
STREET ADDRESS 10550 DEERWOOD PARK BLVD. STE 509  
CITY-ST-ZIP JACKSONVILLE, FL 32256

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/00

904-928-1321

Daytime Phone #

CR2E034 (9/99)