

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001431

1. Entity Name
PALM COAST DATA INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90097 036 ***550.00

Principal Place of Business
11 COMMERCE STREET
PALM COAST FL 32164
US

Mailing Address
1 CORPORATE WOODS DR
BRIDGETON MO 63044-3838
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **43-1706955**
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	CORPORATION SERVICE COMPANY KING, DAVID E. 65 E 55TH STREET NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MENEUGH, JOHN F ONE CORPORATE WOODS DR BRIDGETON MO 63044	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRICKMAN, STEVE 11 COMMERCE BLVD PALM COAST FL 32164	<input checked="" type="checkbox"/> Delete <i>terminated</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SPEICHLINGER, MICHAEL J ONE CORPORATE WOODS DR BRIDGETON MO 63044	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWIS, MARTIN R 420 LEXINGTON AVE, 22ND FLOOR NEW YORK NY 10170	<input checked="" type="checkbox"/> Delete <i>terminated</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MYERS, CAROL J ONE CORPORATE WOODS DR BRIDGETON MO 63044	<input checked="" type="checkbox"/> Delete <i>terminated</i>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO John D. Weil 8655 E. Via De Ventura, Ste. G207 Scottsdale, AZ 85258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Robert Kamerschen 200 Day Hill Rd. Windsor, CT 06095	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael Speichinger **Michael Speichinger** 8/31/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # (314) 344-8000

CR2E034 (5/00)