

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96-0000004115

1. Entity Name

Armor Holdings, Inc.

Principal Place of Business

Mailing Address

13386 International Parkway  
Jacksonville, FL 32218

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

59-3392443

Applied For

Not Applicable

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 Street  
Tallahassee, FL 32301

Name

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

800003321538

07/12/00--01089--010

City

\*\*\*600.00 FL \*\*\*600.00

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 V/S/T  
NAME Carol T. Burke  
STREET ADDRESS 13386 International Pkwy  
CITY-ST-ZIP Jacksonville, FL 32218 ☒ Delete

TITLE D/S/T  
NAME Nicholas Winiewicz  
STREET ADDRESS 13386 International Pkwy  
CITY-ST-ZIP Jacksonville, FL 32218 ☐ Change ☒ Addition

TITLE D/C  
NAME Warren B. Kanders  
STREET ADDRESS 13386 International Pkwy  
CITY-ST-ZIP Jacksonville, FL 32218 ☒ Delete

TITLE D  
NAME Robert Schiller  
STREET ADDRESS 13386 International Pkwy  
CITY-ST-ZIP Jacksonville, FL 32218 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE D/P  
NAME Jonathan M. Spiller  
STREET ADDRESS 13386 International Pkwy  
CITY-ST-ZIP Jacksonville, FL 32218 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

N. Winiewicz

Nicholas Winiewicz

6/27/00

904 741 1755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)