

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90423 001 \*\*\*300.00

17663

DO NOT WRITE IN THIS SPACE

DOCUMENT # F9700000243A<sup>c</sup> ✓

1. Entity Name

BCI FINANCE INC.

Principal Place of Business  
261 Mountain View Drive  
Colchester, VT 05446

Mailing Address  
12850 Gran Bay Pkwy W Bldg 100  
Jacksonville, FL 32258

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-0335501

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

C T CORPORATION SYSTEM  
1200 South Pine Island Road  
Plantation FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	Pierre Lortie	
STREET ADDRESS	12850 Gran Bay Pkwy W Bldg 100	
CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE	D	<input type="checkbox"/> Delete
NAME	R. William Crowe	
STREET ADDRESS	12850 Gran Bay Pkwy W Bldg 100	
CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE	DT	<input type="checkbox"/> Delete
NAME	Blaine H. Filthaut	
STREET ADDRESS	12850 Gran Bay Pkwy W Bldg 100	
CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE	D	<input type="checkbox"/> Delete
NAME	Francis C. Killackey	
STREET ADDRESS	12850 Gran Bay Pkwy W Bldg 100	
CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE	P	<input type="checkbox"/> Delete
NAME	George W. Calver	
STREET ADDRESS	261 Mountain View Drive	
CITY-ST-ZIP	Colchester, VT 05446	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Lawrence F. Assell	
STREET ADDRESS	261 Mountain View Drive	
CITY-ST-ZIP	Colchester, VT 05446	

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald C. Dove	
STREET ADDRESS	261 Mountain View Drive	
CITY-ST-ZIP	Colchester, VT 05446	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard W. Odom	
STREET ADDRESS	261 Mountain View Drive	
CITY-ST-ZIP	Colchester, VT 05446	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffery S. Tommerdahl	
STREET ADDRESS	261 Mountain View Drive	
CITY-ST-ZIP	Colchester, VT 05446	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John C. Lanz	
STREET ADDRESS	261 Mountain View Drive	
CITY-ST-ZIP	Colchester, VT 05446	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William P. Brady	
STREET ADDRESS	261 Mountain View Drive	
CITY-ST-ZIP	Colchester, VT 05446	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean C. O'Neill	
STREET ADDRESS	261 Mountain View Drive	
CITY-ST-ZIP	Colchester, VT 05446 (See Attachment)	

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:

Laurence W. Howard  
Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/00

904-288-1000

Date

Daytime Phone #

CR2E034 (9/99)