

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90124 031 ***150.00

DOCUMENT # F98000000767

1. Entity Name

CONSOLIDATED INTERNATIONAL MANAGEMENT COMPANY

Principal Place of Business

**1415 FOULK RD., STE 205
WILMINGTON DE 19803**

Mailing Address

**1415 FOULK RD., STE 205
WILMINGTON DE 19803-2727**

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

52-2078904Applied For
Not Applicable5. 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	CPCD			<input checked="" type="checkbox"/>
	ROTHMAN, ROBERT	100 N TAMPA STREET, STE 3675	TAMPA FL 33602	
	EVPD			<input checked="" type="checkbox"/>
	BUCHANAN, KIM P	100 N TAMPA STREET, STE 3675	TAMPA FL 33602	
	VPT			<input checked="" type="checkbox"/>
	GARTHWAITE, JOHN R	100 N TAMPA STREET, STE 3675	TAMPA FL 33602	
	SVP			<input checked="" type="checkbox"/>
	BEALE, CHARLES L	100 N TAMPA ST., STE 3576	TAMPA FL 33602	
	VPS			<input checked="" type="checkbox"/>
	VOSS, DEANNA	1415 FOULK ROAD, STE 205	WILMINGTON DE 19803	
	VCD			<input checked="" type="checkbox"/>
	GIBBS, THOMAS E	50 N LAURA ST., STE 2800	JACKSONVILLE FL 32202	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	C			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Raymond Barrette	1415 Foulk Rd, Suite 205	Wilmington, DE 19803		
	P			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Morgan Davis	1415 Foulk Rd, Suite 205	Wilmington, DE 19803		
	Controller			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Carolyn Scully	1415 Foulk Rd, Suite 205	Wilmington, DE 19803		
	S			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Dennis P. Beaulieu	1415 Foulk Rd, Suite 205	Wilmington, DE 19803		
	D			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Terry L. Baxter	1415 Foulk Rd, Suite 205	Wilmington, DE 19803		
				<input type="checkbox"/>	<input type="checkbox"/>

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:*Carolyn A. Scully*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carolyn Scully - Controller

Date

(302) 477-591

Daytime Phone #