

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004059  
Entity Name  
ONESOURCE MANAGEMENT, INC.

FILED  
May 03, 2000 8:00 am  
Secretary of State  
05-03-2000 90073 037 \*\*\*150.00

Principal Place of Business      Mailing Address  
ONE MANAGEMENT SERVICES, INC.  
PARKLAND CIR #400  
ATLANTA GA 30339  
% BHL MANAGEMENT SERVICES, INC.  
4800 N. FEDERAL HWY. SUITE 200B  
BOCA RATON FL 33431-3408

Principal Place of Business      3. Mailing Address  
600 Parkwood Circle  
Suite, Apt. #, etc. #400  
City & State Atlanta GA  
Zip 30339      Country USA  
% Carlisle Management Services, Inc.



DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2405009      Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525  
7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
CP GROSS, RAYMOND 4800 N. FEDERAL HWY, SUITE 200B BOCA RATON FL 33431 VCVS LEVINE, STEVEN J 4800 N. FEDERAL HWY, SUITE 200B BOCA RATON FL 33431	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Peter Gaze 4800 N. Federal Highway # 200B BOCA RATON, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T OLBERT, ANN M 4800 N. FEDERAL HWY, SUITE 200B BOCA RATON FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V WILLIAMS, GEORGE 1600 PARKWOOD CIR- STE 400 ATLANTA GA 30339	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP AS Roger Gebhard 4800 N. Federal Hwy # 200B BOCA RATON, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Roger Gebhard      4/20/2000      561-368-3899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #