

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001099

1. Entity Name

MEDALLIST OPERATIONS, INC.

Principal Place of Business

501 N. A1A
JUPITER FL 33477

Mailing Address

501 N. A1A
JUPITER FL 33477

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

65-0906440

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUGHES, J. ROBERT ESQ
220 MCKENZIE AVE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	MOSS, WILLIAM J	
STREET ADDRESS	501 N. A1A	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, CHARLES B III	
STREET ADDRESS	501 N. A1A	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FEHON, ANTHONY P	
STREET ADDRESS	501 N. A1A	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	V	<input type="checkbox"/> Delete
NAME	SEABRIDGE, JEREMY	
STREET ADDRESS	501 N. A1A	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAVIS, WYNN	
STREET ADDRESS	501 N. A1A	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	S	<input type="checkbox"/> Delete
NAME	ERICKSON, PAUL B	
STREET ADDRESS	501 N. A1A	
CITY-ST-ZIP	JUPITER FL 33477	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90406 001 ***300.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)