

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90006 006 ***550.00

00076773

DO NOT WRITE IN THIS SPACE

DOCUMENT #F99000001521

1. Entity Name

Tellumat (Proprietary) Limited, Incorporated

Principal Place of Business

Mailing Address

**PO Box 30451
Tokai 7966
South Africa**

**PO Box 30451
Tokai 7966
South Africa**

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 **59-3589407**

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

**VINCENT, JEREMY
1155 SANDDUNE LANE
APT 203
MELBOURNE, FL 32935**

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 **TS** ☐ Delete
NAME **VAN BLERCK, LAURENCE WM. H**
STREET ADDRESS **5 KINKLEWAY AVENUE**
CITY-ST-ZIP **NEWLANDS, CAPE TOWN, SOUTH AFRICA**

TITLE **C** ☐ Delete
NAME **TEMPLE, JOHN A**
STREET ADDRESS **SERENE, RIVERSIDE ROAD, FERNWOOD VILLAGE**
CITY-ST-ZIP **NEWLANDS, CAPE TOWN, SOUTH AFRICA**

TITLE **D** ☐ Delete
NAME **JONES, L LLEWELLYN C**
STREET ADDRESS **11 BADGEMORE AVENUE**
CITY-ST-ZIP **CONSTANTIA, CAPE TOWN, SOUTH AFRICA**

TITLE **D** ☐ Delete
NAME **HOBBS, PETER B**
STREET ADDRESS **9 LASSWADE ROAD**
CITY-ST-ZIP **CONSTANTIA, CAPE TOWN, SOUTH AFRICA**

TITLE **D** ☐ Delete
NAME **VAN ZYL, JOHN D**
STREET ADDRESS **8 DUCKITT AVENUE**
CITY-ST-ZIP **CONSTANTIA, CAPE TOWN, SOUTH AFRICA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Van Blerck

VAN BLERCK, LWH

30 JUNE 2000

+27-21-710-2911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)