

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004274

1. Entity Name

R.S. ANDREWS OF FLORIDA, INC.

Principal Place of Business

3510 DEKALB TECHNOLOGY PARKWAY  
ATLANTA GA 30340

Mailing Address

3510 DEKALB TECHNOLOGY PARKWAY  
ATLANTA GA 30340

2. Principal Place of Business

3102 SE Jay Street

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Stuart, FL 34997

Zip

34997

Country

USA

City & State

Zip

Country

4. FEI Number

58-2485842

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 NAME STREET ADDRESS CITY-ST-ZIP	PCD ANDREWS, R. STEPHEN 3510 DEKALB TECHNOLOGY PKWY ATLANTA GA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRAMONTE, JAMES A 3510 DEKALB TECHNOLOGY PKWY ATLANTA GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	K KAZMIER, RICHARD R 3510 DEKALB TECHNOLOGY PKWY ATLANTA GA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO & President Frank M. Chamberlain 3510 DeKalb Technology Pkwy Atlanta, GA 30340	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Charles L. Cansler 3510 DeKalb Technology Pkwy Atlanta, GA 30340	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John J. DeStefano 1201 Walnut Street Kansas City, MO 64106	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Tramonte

Date

770-454-4629

Daytime Phone #

CR2E034 (10/00)

UBR001/2

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90168 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE