

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G76280

1. Entity Name

QUENTIN CORP.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90058 036 \*\*\*158.75

Principal Place of Business

Mailing Address

4451 NE 41ST TERRACE  
GAINESVILLE FL 32609  
US

4451 NE 41ST TERRACE  
GAINESVILLE FL 32609-1684  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2364034

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARPENTER, RONALD A.  
5608 NW 43 STR  
GAINESVILLE FL 32606

Name  
MABM Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
Attention: Barbara C. Johnston

One Independent Drive, Suite 3000

City  
Jacksonville FL Zip Code  
32202

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 Barbara C. Johnston, VP March 20, 2000

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 PD  
NAME BROWN, KENNETH P.  
STREET ADDRESS 4411 NE 46TH DRIVE  
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

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

TITLE S  
NAME VAN NORTWICK, JR., W. A.  
STREET ADDRESS 3000 INDEPENDENT SQUARE  
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

TITLE AS  
NAME Johnston, Barbara C.  
STREET ADDRESS One Independent Drive, Suite 3000  
CITY-ST-ZIP Jacksonville, Florida 32202 ☐ Change ☒ Addition

TITLE S  
NAME SMITH, JAMES T.  
STREET ADDRESS 4411 NE 46TH DRIVE  
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

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

TITLE VT  
NAME FULLENWIDER, BRENT  
STREET ADDRESS 4411 NE 46TH DRIVE  
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

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

TITLE S  
NAME JUAREZ, PAUL M  
STREET ADDRESS 98 SAN JACINTO BLVD., SUITE 600  
CITY-ST-ZIP AUSTIN TX 78701 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Barbara C. Johnston 3/20/00 904-354-2050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)