

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90956 007 \*\*\*150.00

**DOCUMENT # G88012**

1. Entity Name

**THOMAS FELTER, INC.**

Principal Place of Business

Mailing Address

**5 GALLBERRY COURT  
 BUNNELL FL 32110  
 US**

**P O 1136  
 BUNNELL FL 32110-1136  
 US**

**100935**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

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

**FELTER, JULIE BRYANT  
 5 GALLBERRY CT  
 BUNNELL FL 32110**

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 **PD**  Delete  
 NAME **FELTER, JULIE BRYANT**  
 STREET ADDRESS **5 GALLBERRY CT**  
 CITY-ST-ZIP **BUNNELL FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DV**  Delete  
 NAME **FELTER, THOMAS A.**  
 STREET ADDRESS **5 GALLBERRY CT**  
 CITY-ST-ZIP **BUNNELL FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **FELTER, LELA LOVETT**  
 STREET ADDRESS **5 GALLBERRY CT**  
 CITY-ST-ZIP **BUNNELL FL**

TITLE  Change  Addition  
 NAME **KERLEY, LELA FELTER**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **FELTER, CEIL DANIELLE**  
 STREET ADDRESS **5 GALLBERRY CT**  
 CITY-ST-ZIP **BUNNELL FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:**

*SIGNATURE: Julie Bryant Felter*

Date

Daytime Phone #

**4/26/00**

CR2E034 (9/99)