

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90162 018 \*\*\*150.00

**DOCUMENT # H10235**

**1. Entity Name**  
**CONTEMPORARY MANAGEMENT CONCEPTS, INC.**

**Principal Place of Business**

**5800 N.W. 39TH AVE.**  
**SUITE 104**  
**GAINESVILLE FL 32606**  
**US**

**Mailing Address**

**5800 N.W. 39TH AVE.**  
**SUITE 104**  
**GAINESVILLE FL 32606**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-2446722**

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**

**MACLEOD, DEBORAH E.**  
**5800 NW 39TH AVE**  
**SUITE 104**  
**GAINESVILLE FL 32606**

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, 2002 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** **XX CHIEF EXECUTIVE OFFICER** ☐ Delete  
**NAME** **MACLEOD, DEBORAH E.**  
**STREET ADDRESS** **5800 N.W. 39TH AVE., SUITE 104**  
**CITY-ST-ZIP** **GAINESVILLE FL**

**TITLE** **VP** ☐ Change ☒ Addition  
**NAME** **JOHN MARTI**  
**STREET ADDRESS** **1221 NW 107TH TERRACE**  
**CITY-ST-ZIP** **GAINESVILLE, FL. 32606** ☐ Change ☒ Addition

**TITLE** **VP** ☐ Delete  
**NAME** **POWELL, KAREN**  
**STREET ADDRESS** **6504 NEALE RD**  
**CITY-ST-ZIP** **MELROSE FL 32666**

**TITLE** **CHIEF FINANCIAL OFFICER** ☐ Change ☒ Addition  
**NAME** **PATRICK O DAILEY**  
**STREET ADDRESS** **10646 NW 10TH ROAD**  
**CITY-ST-ZIP** **GAINESVILLE, FL. 32606** ☐ Change ☐ Addition

**TITLE** **VPX PRESIDENT** ☐ Delete  
**NAME** **FOX, SONIA**  
**STREET ADDRESS** **5800 N.W. 39TH AVE., STE. 104**  
**CITY-ST-ZIP** **GAINESVILLE FL 32606**

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

**TITLE** ☐ Delete  
**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:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)