

**2000 UNIFORM BUSINESS REPORT (UBR)**

*Amended*

**DOCUMENT # H 63128**

1. Entity Name

**LEE PALLARDY, INC.**

**FILED**

**00 MAY 23 PM 3:29**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
609 E. Jackson St., #200  
Tampa, FL 33602-4906

Mailing Address  
609 E. Jackson St., #200  
Tampa, FL 33602-4906

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-2552672**

Applied For  
Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Pallardy, Lee F. III  
609 E. Jackson St., #200  
Tampa, FL 33602-4906

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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  Delete  
NAME PD  
STREET ADDRESS Pallardy, Lee F. III  
CITY-ST-ZIP 609 E. Jackson St., #200 Tampa, FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME S  
STREET ADDRESS Crisler, Rancine M.  
CITY-ST-ZIP 609 E. Jackson St., #200 Tampa, FL 33602

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME V  
STREET ADDRESS Myers, Jamie M.  
CITY-ST-ZIP 609 E. Jackson St., #200 Tampa, FL 33602

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME V  
STREET ADDRESS Talley, James M. Jr.  
CITY-ST-ZIP 609 E. Jackson St., #200 Tampa, FL 33602

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME V  
STREET ADDRESS Taulbee, David M.  
CITY-ST-ZIP 609 E. Jackson St., #200 Tampa, Florida 33602

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Lee F. Pallardy, III, President**

04/11/2000 (813) 221-3700

Date Daytime Phone #

**SP**

CR2E034 (9/99)