

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90322 044 ***158.75

DOCUMENT # H71708

1. Entity Name

ADAPCO, INC.

Principal Place of Business

**2800 SOUTH FINANCIAL COURT
SANFORD FL 32773-8118
US**

Mailing Address

**2800 SOUTH FINANCIAL COURT
SANFORD FL 32773-8118
US**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2574523

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

**WOOLDRIDGE, ALLEN W
2800 SOUTH FINANCIAL COURT
SANFORD FL 32773**

7. Name and Address of New Registered Agent

Name

SAME

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

Allen Wolldrige

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/01

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 **PD** ☐ Delete
NAME **WOOLDRIDGE, ALLEN W.**
STREET ADDRESS **312 COLUMBO CIR**
CITY-ST-ZIP **ORLANDO FL**

TITLE **C** ☐ Delete
NAME **REYNOLDS, JACQUELINE K**
STREET ADDRESS **414 RIVER DR**
CITY-ST-ZIP **DEBARY FL 32713**

TITLE **VD** ☐ Delete
NAME **HOLIMAN, JESSE M., JR.**
STREET ADDRESS **1246 GUNTER RD**
CITY-ST-ZIP **FLORENCE MS**

TITLE **CEO** ☐ Delete
NAME **MCDONALD, EUGENE P**
STREET ADDRESS **154 POINEER DR**
CITY-ST-ZIP **LEOMINSTER MA 01453**

TITLE **VPAS** ☐ Delete
NAME **WALKOVICH, CHARLES P**
STREET ADDRESS **154 POINEER DR**
CITY-ST-ZIP **LEOMINSTER MA 01453**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

J.K. Reynolds
J.K. REYNOLDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/11/01

Daytime Phone #

407-330-4800

CR2E034 (10/00)