

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90126 035 \*\*\*150.00

**DOCUMENT # J41506**

1. Entity Name  
**INTELLON CORPORATION**

Principal Place of Business  
**5100 W SILVER SPRINGS BLVD**  
**OCALA FL 34482**  
**US**

Mailing Address  
**5100 W SILVER SPRINGS BLVD**  
**OCALA FL 34482**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2744155**

Applied For

Not Applicable

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

~~SANDFORT, HORST G~~  
**5100 SILVER SPRINGS BOULEVARD**  
**OCALA FL 34482**

Name **Charles E. Harris**

Street Address (P.O. Box Number is Not Acceptable)

**5100 Silver Springs Blvd**

City **Ocala**

FL

Zip Code **34482**

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 *Charles E. Harris*

**PRESIDENT**

**4-18-02**

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 **(CD)** — *see change in #10* ☐ Delete  
 NAME **VANDER MEY, JAMES E.**  
 STREET ADDRESS **9501 N.W. HWY. 326**  
 CITY-ST-ZIP **OCALA FL**

TITLE **D/C/P** ☐ Change ☒ Addition  
 NAME **Charles E. Harris**  
 STREET ADDRESS **5100 W. Silver Springs Blvd**  
 CITY-ST-ZIP **Ocala, FL 34482**

TITLE **PD** ☒ Delete  
 NAME **SANDFORT, HORST G.**  
 STREET ADDRESS **5100 W SILVER SPRINGS BLVD.**  
 CITY-ST-ZIP **OCALA FL 34482**

TITLE **V** ☐ Change ☒ Addition  
 NAME **Caroline T. Davis**  
 STREET ADDRESS **3390 SE 22nd Ave**  
 CITY-ST-ZIP **Ocala, FL 34471**

TITLE **V** ☐ Delete  
 NAME **EARNshaw, WILLIAM**  
 STREET ADDRESS **48 NE 56TH TERRACE**  
 CITY-ST-ZIP **OCALA FL 34470**

TITLE **V** ☐ Change ☒ Addition  
 NAME **Lawrence W. Yonge III**  
 STREET ADDRESS **8380 Juniper Rd**  
 CITY-ST-ZIP **Ocala, FL 34480**

TITLE **V** ☒ Delete  
 NAME **BUFFKIN, ERIC**  
 STREET ADDRESS **126 SW 134TH TERRACE**  
 CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE **D** ☒ Change ☐ Addition  
 NAME **James E. Vander Mey**  
 STREET ADDRESS **9501 NW Hwy 326**  
 CITY-ST-ZIP **Ocala, FL**

TITLE **V** ☐ Delete  
 NAME **CARR, BRYAN**  
 STREET ADDRESS **4322 SW 105 DRIVE**  
 CITY-ST-ZIP **GAINESVILLE FL 32608**

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

TITLE **V** ☐ Delete  
 NAME **JOLY, CHRISTIAN**  
 STREET ADDRESS **3820 PARK BLVD #22**  
 CITY-ST-ZIP **PALO ALTO CA 94306**

TITLE ☒ Change ☐ Addition  
 NAME **Christian Joly**  
 STREET ADDRESS **1400 Gretel Lane**  
 CITY-ST-ZIP **Mt. View, CA 94040**

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: *Caroline T. Davis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02 352-237-7416**  
 Date Daytime Phone #

CR2E034 (9/01)

Attachment # J41506  
795816

Additional Directors:

1. D  
Michael E. Barker  
5100 W. Silver Springs Blvd.  
Ocala, FL 34482
2. D  
Robert C. Ketterson, Jr.  
5100 W. Silver Springs Blvd.  
Ocala, FL 34482