

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J46274

1. Entity Name

MERIEL MILAM INVESTMENT COMPANY, INC.

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90015 024 ***150.00

Principal Place of Business

227 S. CALHOUN STREET
TALLAHASSEE FL 32301

Mailing Address

227 S. CALHOUN STREET
TALLAHASSEE FL 32301-1805

2. Principal Place of Business

2220 Riverside Ave.

Suite, Apt. #, etc.

3. Mailing Address

2220 Riverside Ave.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-2743040

Applied For

Not Applicable

Zip

32204

Country

USA

Zip

32204

Country

USA

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

SAMS, PATRICIA M
2220 RIVERSIDE AVE
JACKSONVILLE FL 32202

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

TITLE PD
NAME SAMS, PATRICIA M
STREET ADDRESS 2220 RIVERSIDE AVE
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

TITLE TD
NAME DENNIS, DIANE J M
STREET ADDRESS 501 PONTE VEDRA BLVD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE SD
NAME MILAM, LORENZO W
STREET ADDRESS 3612 EUGENE PLACE
CITY-ST-ZIP SAN DIEGO CA 92116 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

Patricia M Sams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)