

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J85844

1. Entity Name

FIRESIDE PLACE COMPANY

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90081 009 ***150.00



DO NOT WRITE IN THIS SPACE

| | | | |
|--|---------|---|---------|
| Principal Place of Business | | Mailing Address | |
| 5772 TIMUQUANA ROAD JACKSONVILLE FL 32210 | | 5772 TIMUQUANA ROAD JACKSONVILLE FL 32210-8059 | |
| 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 | 59-2841484 | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | |
|--|--|----|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent | |
| SANDS, J. KEITH M. 1551 ATLANTIC BOULEVARD JACKSONVILLE FL 32207 | Name | |
| | Street Address (P.O. Box Number is Not Acceptable) | |
| | | |
| | City | FL |

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 _____

| | | |
|--|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | DP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KENYON, MATTHEW E. | NAME | |
| STREET ADDRESS | 5772 TIMUQUANA ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | CITY-ST-ZIP | |
| TITLE | DVP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KENYON, DANA B. | NAME | |
| STREET ADDRESS | 5772 TIMUQUANA ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: MATTHEW E. KENYON **REQUIRED** 3/28/00 (904) 777-0833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MATTHEW E. KENYON

CR2E034 19/99