

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K14932

1. Entity Name

THE OFFICE MANAGER, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90052 005 ***150.00

Principal Place of Business

Mailing Address

C/O PATRICIA HODSON
5251 EMERSON ST
JACKSONVILLE FL 32207-1932

3627 UNIVERSITY BL S
840
JACKSONVILLE FL 32216-7404
US

2. Principal Place of Business

5251 Emerson St.

Suite, Apt. #, etc.

3. Mailing Address

3599 University Blvd., S.

Suite, Apt. #, etc.

Suite B

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-2872774

Applied For

Not Applicable

Zip

32207

Country

Zip

32216

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLAN T GEIGER
1301 RIVERPLACE BLVD
STE 1500
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DCP
FIELDS, ZACHARY R
5251 EMERSON STREET
JACKSONVILLE FL 32207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
BAER, DOUGLAS
3627 UNIVERSITY BLVD., S
JACKSONVILLE FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SNEED, GARY W
8948 WESTERN WAY, STE 6
JACKSONVILLE FL 32256 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3599 University Blvd., S., Ste. B

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/S/T/V
3599 University Blvd., S., Ste. B ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Hutton, Donald H.
3599 University Blvd., S.
Jacksonville, FL 32216 ☐ Change ☒ Addition

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

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

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

Date

Daytime Phone #

CR2E034 (9/99)