

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K27001

1. Entity Name

KOGER EQUITY, INC.

Principal Place of Business

8880 FREEDOM CROSSING TRAIL
STE 100
JACKSONVILLE FL 32256-9920

Mailing Address

P.O. BOX 58120
JACKSONVILLE FL 32241-8120

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

59-2898045

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	DP TEAGLE, JAMES C	<input type="checkbox"/> Delete
STREET ADDRESS	8880 FREEDOM CROSSING TRAIL- STE 100	
CITY-ST-ZIP	JACKSONVILLE FL 32256-9920	
TITLE NAME	VS JENKINS, W. LAWRENCE	<input type="checkbox"/> Delete
STREET ADDRESS	8880 FREEDOM CROSSING TRAIL- STE 100	
CITY-ST-ZIP	JACKSONVILLE FL 32256-9920	
TITLE NAME	D LANTZSCH, G. CHRISTIAN	<input type="checkbox"/> Delete
STREET ADDRESS	SPANISH TRACT ROAD	
CITY-ST-ZIP	SEWICKLEY PA	
TITLE NAME	V STEPHENS, JAMES L.	<input type="checkbox"/> Delete
STREET ADDRESS	8880 FREEDOM CROSSING TRAIL- STE 100	
CITY-ST-ZIP	JACKSONVILLE FL 32256-9920	
TITLE NAME	DC HUGHES, VICTOR A.	<input type="checkbox"/> Delete
STREET ADDRESS	8880 FREEDOM CROSSING TRAIL- STE 100	
CITY-ST-ZIP	JACKSONVILLE FL 32256-9920	
TITLE NAME	DV HILEY, DAVID B	<input type="checkbox"/> Delete
STREET ADDRESS	8880 FREEDOM CROSSING TRAIL- STE 100	
CITY-ST-ZIP	JACKSONVILLE FL 32256-9920	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: W. Lawrence Jenkins W. Lawrence Jenkins, Secretary and VP 2/29/00 904/538-8870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)