

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K40767

1. Entity Name

FLORIDA RECORDS RESEARCH CORPORATION

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90018 029 ***150.00

Principal Place of Business

1357 E. LAFAYETTE STREET
TALLAHASSEE FL 32301
US

Mailing Address

1357 E. LAFAYETTE STREET
TALLAHASSEE FL 32301-4724
US

2. Principal Place of Business

1357 E. Lafayette St.
Suite, Apt. #, etc.

3. Mailing Address

1357 E. Lafayette St.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee Fl
Zip 32301 Country LEON

City & State

Tallahassee Florida
Zip 32301 Country LEON

4. FEI Number **59-2914684**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLIVE, CAROLYN D.
2120 KILLARNEY WAY
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2120 Killarney Way
City Tallahassee FL Zip Code 32308

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	PST	<input type="checkbox"/> Delete
NAME	TAYLOR, GARY M.	
STREET ADDRESS	1357 E. LAFAYETTE STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, GARY M.	
STREET ADDRESS	1357 E. LAFAYETTE STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TAYLOR, JO K.	
STREET ADDRESS	1357 E. LAFAYETTE STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2000 850/942-0545
Date Daytime Phone #

CR2E034 (9/99)