

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # K82004**1. Entity Name  
**FL-MCH, INC.**Principal Place of Business  
**P.O. BOX 440845  
JACKSONVILLE FL 32222-0009**Mailing Address  
**P.O. BOX 440845  
JACKSONVILLE FL 32222-0009****FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90081 038 \*\*\*158.75

**00011100**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**705 Horton's Trace**  
Suite, Apt. #, etc.3. Mailing Address  
Suite, Apt. #, etc.City & State  
**St Augustine FL**  
Zip  
**32095**

City &amp; State

Zip

Country

4. FEI Number **65-0115292**Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****HARRIS, CAROLYN Y  
7315 NATE CIR  
JACKSONVILLE FL 32210****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, 2001 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  
**P  
HARRIS, CAROLYN Y  
7315 NATE CIR  
JACKSONVILLE FL 32210** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
HARRIS, LISA M  
7315 NATE CIR  
JACKSONVILLE FL 32210** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
HARRIS III, MARVIN C  
7414 OVERLAND PARK #L  
JACKSONVILLE FL 32244** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
BLACK, GERALDINE R  
7760 MACAULAY CT  
JACKSONVILLE FL 32244** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**4552 Deer Valley Drive  
Jacksonville FL 32216-9766**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
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: Carolyn Y. Harris **CAROLYN Y. HARRIS, PRESIDENT** 2/3/01 904-781-7666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #