

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K85563**

1. Entity Name

MOULTRIE SQUARE CENTER, INC.**FILED**
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90062 010 ***150.00

001073

Principal Place of Business
**C/O G. W. WHITMIRE, JR.
200 NORTH LAURA STREET, 10TH FLOOR
JACKSONVILLE FL 32202**

Mailing Address
**C/O G. W. WHITMIRE, JR.
200 NORTH LAURA STREET, 10TH FLOOR
JACKSONVILLE FL 32202**

930291

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2946363**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITMIRE, G. W., JR.
200 NORTH LAURA STREET
10TH FLOOR
JACKSONVILLE FL 32202**

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	<input type="checkbox"/> Delete
DP	WHITMIRE, G W J	200 LAURA ST	JACKSONVILLE FL	<input type="checkbox"/>
D	ROBISON, ELIZABETH W.	200 LAURA ST.	JACKSONVILLE FL	<input type="checkbox"/>
D	PETERSEN, JULIE W.	200 LAURA ST.	JACKSONVILLE FL	<input type="checkbox"/>
VP	O STENN, W L	200 LAURA ST 10TH FL	JACKSONVILLE FL	<input type="checkbox"/>
ST	WINKER, ANN	200 LAURA ST 10TH FL	JACKSONVILLE FL	<input type="checkbox"/>
AS	STONE, JULITH W	200 LAURA ST 10TH FL	JACKSONVILLE FL	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

3/8/01

Date

(904) 358-2648

Daytime Phone #

CR2E034 (10/00)