

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L14764

1. Entity Name

VERN TAYLOR & ASSOCIATES, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90061 041 ***150.00

Principal Place of Business

Mailing Address

1538 METROPOLITAN BLVD.
SUITE B-1
TALLAHASSEE FL 32308
US

1538 METROPOLITAN BLVD
STE. B-1
TALLAHASSEE FL 32308-3775
US

2. Principal Place of Business

3. Mailing Address

1546-3 METROPOLITAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

City & State

City & State

TALLAHASSEE FL

4. FEI Number

59-2971887

Applied For

Not Applicable

Zip

Country

Zip

Country

32308-3775

USA

32308-3775

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

TAYLOR, J. VERNON
7755 CORNUCOPIA LANE
TALLAHASSEE FL 32308
N

Name

CAROLA S. TAYLOR

Street Address (P.O. Box Number is Not Acceptable)

7755 CORNUCOPIA LN

City

TALLAHASSEE

FL

Zip Code

32308-9656

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

Carola S. Taylor President

2-15-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete

NAME VERNON, TAYLOR J
STREET ADDRESS 7755 CORNUCOPIA LANE
CITY-ST-ZIP TALLAHASSEE FL

TITLE PRS/SEC/TRES ☐ Delete

NAME TAYLOR, CAROLA S
STREET ADDRESS 7755 CORNUCOPIA LANE
CITY-ST-ZIP TALLAHASSEE FL 32308-9656

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V.P-DIRECTOR ☐ Change ☒ Addition

NAME PAUL E. STRINEY
STREET ADDRESS 1546-3 METROPOLITAN BLVD
CITY-ST-ZIP TALLAHASSEE FL 32308-3775

TITLE VP-DIRECTOR ☐ Change ☒ Addition

NAME HARVEY M. BOERF
STREET ADDRESS 1546-3 METROPOLITAN BLVD
CITY-ST-ZIP TALLAHASSEE FL 32308-3775

TITLE VPD SHEROLD LANGSTON ☐ Change ☒ Addition

NAME
STREET ADDRESS 1546-3 METROPOLITAN BLVD
CITY-ST-ZIP TALLAHASSEE FL 32308-3775

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Carola S. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-00

Date

850-386-7343

Daytime Phone #

CR2E034 (9/99)