

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L79319**

1. Entity Name
TOMPKINS GROUP, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90039 035 ***150.00

Principal Place of Business
**2308 WINTER WOODS BLVD.
WINTER PARK FL 32792**

Mailing Address
**2308 WINTER WOODS BLVD.
WINTER PARK FL 32792**

C0044916



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2016 SUSSEX ROAD
Suite, Apt. #, etc.

3. Mailing Address
2016 SUSSEX ROAD
Suite, Apt. #, etc.

City & State
WINTER PARK, FLORIDA
Zip
32792

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WINTER PARK, FLORIDA
Zip
32792

4. FFI Number **59-3035613**
Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

**VOLENCE, AMANDA T.
2308 WINTER WOODS BLVD.
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name
AMANDA T. VOLENCE
Street Address (P.O. Box Number is Not Acceptable)
2016 SUSSEX ROAD
City
WINTER PARK
Zip Code
32792

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 *Amanda Volence*
Signature of person who is the name of registered agent and the filer.

(NOTE: Registered Agent signature required when filing report.)

4/6/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW! FILING DEADLINE
After MAY 1, 2001 Fee will be \$850.00
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-STATE-ZIP
**VPD
TOMPKINS, KEVIN W
1708 CINNAMON CIRCLE
CASSELBERRY FL 32707** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PSD
VOLENCE, AMANDA T.
2308 WINTER WOODS BLVD.
WINTER PARK FL 32792** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PSD
AMANDA T. VOLENCE
2016 SUSSEX ROAD
WINTER PARK, FL 32792** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Amanda Volence

Date
4/6/01
Daytime Phone

CR2E034 (10/00)