

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M81083

1. Entity Name

TALENTCORP OF AMERICA, INC.

Sent via U.S. Mail,
Return Receipt,
Certified Mail# Z 545 802 419

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90108 002 ***158.75

Principal Place of Business

Mailing Address

1000 N. MAGNOLIA AVE.
STE A
ORLANDO FL 32803-3813
US

1000 N MAGNOLIA AVE.
STE A
ORLANDO FL 32803-3813
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2887454

Applied For

Not Applicable

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

HERRING, R B
1000 N. MAGNOLIA AVE.
STE A
ORLANDO FL 32803-3813

Name

R. Bennett Herring

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 R. Bennett Herring

R. Bennett Herring, V.P. & Treasurer

3/6/2000

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 PCD ☐ Delete
NAME HERRING, ROBERT R.
STREET ADDRESS 1000 N MAGNOLIA AVE, STE A
CITY-ST-ZIP ORLANDO FL

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

TITLE VD ☐ Delete
NAME GUINN, CHARLES F.
STREET ADDRESS 815 QUINTILINA AVE
CITY-ST-ZIP ORLANDO FL

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

TITLE D ☐ Delete
NAME GARWOOD, THOMAS C., JR.
STREET ADDRESS 815 N GAYLAND AVE
CITY-ST-ZIP ORLANDO FL

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

TITLE D ☐ Delete
NAME BROWN, JAMES B.
STREET ADDRESS 7101 LAKE ELLENOR DRIVE
CITY-ST-ZIP ORLANDO FL

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

TITLE VTSD ☐ Delete
NAME HERRING, R. BENNETT
STREET ADDRESS 1000 N MAGNOLIA AVE, STE A
CITY-ST-ZIP ORLANDO FL

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

TITLE ☐ Delete
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.

R. Bennett Herring

SIGNATURE: R. Bennett Herring

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2000

Date

(407) 839-0502

Daytime Phone #

CR2E034 (9/99)