

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M84694**

1. Entity Name

KOOTER BROWNS OF FLORIDA, INC.**FILED**
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90018 040 ***150.00

Principal Place of Business C/O THOMAS G. VAN MATRE, JR. 4300 BAYOU BOULEVARD, SUITE 16 PENSACOLA FL 32503	Mailing Address C/O THOMAS G. VAN MATRE, JR. 4300 BAYOU BOULEVARD, SUITE 16 PENSACOLA FL 32503-2671
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00014601



DO NOT WRITE IN THIS SPACE

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 **59-2892529**Applied For
Not Applicable5. 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**

VAN MATRE, THOMAS G., JR.
4300 BAYOU BOULEVARD
SUITE 16
PENSACOLA FL 32503

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, 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	PD	<input type="checkbox"/> Delete
NAME	BAUGHMAN, JEFFREY A SR.	
STREET ADDRESS	3165 HWY. 196	
CITY-ST-ZIP	CANTONMENT FL	

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	WALLER, WILLIAM R.	
STREET ADDRESS	6121 ALICIA DR. PINES ST.	
CITY-ST-ZIP	PACE FL	

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	ROGERS, W.W. III	
STREET ADDRESS	7853 PETERSEN POINT	
CITY-ST-ZIP	MILTON FL	

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	THOMPSON, PAMELA SU	
STREET ADDRESS	1616 SHIMMERING PINES	
CITY-ST-ZIP	PACE FL	

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

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

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

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

Jeffrey A. Baughman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-00 850/484-3111