

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M90847

1. Entity Name
FORENSIC COMMUNICATION ASSOCIATES, INC.

Principal Place of Business

229 SW 43 TERR.
GAINESVILLE FL 32607
US

Mailing Address

POST OFFICE BOX 12323
UNIVERSITY STATION
GAINESVILLE FL 32604
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 59-2903495

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLIEN, PATRICIA
229 SW 43 TERRACE
GAINESVILLE FL 32607

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 PD
NAME HOLLIEN, PATRICIA A.
STREET ADDRESS 229 S.W. 43RD TERRACE
CITY-ST-ZIP GAINESVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Senior Consultant VP
NAME HARRY HOLLIEN
STREET ADDRESS 229 S.W. 43 TERR.
CITY-ST-ZIP GAINESVILLE, FL 32607

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-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)(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:

Patricia Hollien, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01

Date

352 377-8622

Daytime Phone #

0470534

CR2E034 (10/00)

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90081 005 ***150.00



DO NOT WRITE IN THIS SPACE