

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27888

1. Entity Name

3309 PALMETTO, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90185 003 *****61.25

Principal Place of Business

11415 PALMETTO
ALACHUA FL 32615
US

Mailing Address

C/O ACTION REAORY
6110-B NW 1 PL
GAINESVILLE FL 32607
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

59-2904601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOONE, JR S W
1330 NW 6TH ST
STE C
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

D JEFFREY SAUSAMAN

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

C/O ACTION REAORY

6110-B NW 1 PL

City

GAINESVILLE

FL

Zip Code

32607

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHULTE, TAMSIN
STREET ADDRESS 64 TURKEY CREEK
CITY-ST-ZIP ALACHUA FL ☐ Delete

TITLE SD
NAME CELLON, JEAN
STREET ADDRESS 80 TURKEY CREEK
CITY-ST-ZIP ALACHUA FL 32615 ☐ Delete

TITLE D
NAME BRYANT, BARBARA
STREET ADDRESS 11419 PALMETTO DR
CITY-ST-ZIP ALACHUA FL 32615 ☐ Delete

TITLE TD
NAME GREEN, MARTHA J
STREET ADDRESS 11413 PALMETTO BLVD.
CITY-ST-ZIP ALACHUA FL 32615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D JEFFREY SAUSAMAN 4/30/01

Date

Daytime Phone #

352-331-1233

CR2E037 (10/00)