

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90032 014 ****61.25

DOCUMENT # N43000

1. Entity Name

FLORIDA INITIATIVES, INC.

Principal Place of Business

4504 ROCKBRIDGE HOLLOW
TALLAHASSEE FL 32308

Mailing Address

1400 VILLAGE SQUARE BLVD.
UNIT 3-221
TALLAHASSEE FL 32312

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

PMB 221
1400 Village Sq. Blvd.
Tallahassee, FL

32312

USA

4. FEI Number

59-3079349

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NABORS, JOAN B
1400 VILLAGE SQUARE BLVD., #3-221
TALLAHASSEE FL 32312

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

Joan B. Nabors Ex. Director Joan B. Nabors 7/25/00

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

After September 13, 2000 min. will be \$236.25

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 YEISLEY, COLLEEN
STREET ADDRESS 2107 MONTICELLO DR
CITY-ST-ZIP TALLAHASSEE FL 32303 ☒ Delete

TITLE STD
NAME DELEGAL, VIRGINIA S
STREET ADDRESS 1840 WAGON WHEEL CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32310 ☒ Delete

TITLE D
NAME NABORS, ROBERT L
STREET ADDRESS 4504 ROCKBRIDGE HOLLOW
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 PD
NAME Susan Hubbard
STREET ADDRESS 1935 Pointe Lane #103
CITY-ST-ZIP Ann Arbor, MI 48105 ☒ Change ☐ Addition

TITLE STD
NAME Patterson Lamb
STREET ADDRESS Route 3 Box 259
CITY-ST-ZIP Tallahassee, FL 32308 ☒ Change ☐ Addition

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

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

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:

Robert L. Nabors 7/24/00 (850) 668-1531 224-4070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)