

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47044

1. Entity Name

ROLLINS BEDFORD CORPORATION

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90066 050 \*\*\*\*61.25

Principal Place of Business

Mailing Address

602 COURTLAND STREET  
STE 200  
ORLANDO FL 32804

602 COURTLAND STREET  
STE 200  
ORLANDO FL 32804-1340

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

37-0908840

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

Name

Stewart, J. Darin

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

111 N. Orlando Ave

City

Winter Park

FL

Zip Code  
32789

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

*J. Darin Stewart*

J. Darin Stewart, Staff Attorney

April 26, 2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES 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 **VD** ☒ Delete  
NAME **BLAIR, MARDIAN**  
STREET ADDRESS **111 N ORLANDO AVE**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **STD** ☐ Delete  
NAME **CENTER, RICHARD**  
STREET ADDRESS **3978 MEMORIAL DRIVE**  
CITY-ST-ZIP **DECATUR GA 30032**

TITLE **CD** ☒ Delete  
NAME **JIMENEZ, A D**  
STREET ADDRESS **111 N ORLANDO AVE**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **SD** ☐ Delete  
NAME **SKILTON, GARY**  
STREET ADDRESS **111 N ORLANDO AVE**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **PD** ☐ Delete  
NAME **CAMP, VANN**  
STREET ADDRESS **602 COURTLAND ST STE 200**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **SVP** ☐ Delete  
NAME **REINER, RICH**  
STREET ADDRESS **601 EAST ROLLINS**  
CITY-ST-ZIP **ORLANDO FL 76028**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Change ☒ Addition  
NAME **Werner, Thomas L**  
STREET ADDRESS **111 N. Orlando Ave**  
CITY-ST-ZIP **Winter Park, FL 32789**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Shaw, Terry D**  
STREET ADDRESS **111 N. Orlando Ave**  
CITY-ST-ZIP **Winter Park, FL 32789**

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **32803**

i2. 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:

*Vann D. Camp* **REQUIRE** Vann D. Camp

4/26/00

407-975-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)