

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1193000004126

1. Entity Name

FLORIDA EDI, INC.

**FILED**  
**Jun 12, 2000 8:00 am**  
**Secretary of State**

06-12-2000 90041 001 \*\*\*\*61.25

00063562

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
685 GREENWOOD MANOR CIR. SAME  
MELBOURNE, FL 32904

2. Principal Place of Business

3. Mailing Address

685 GREENWOOD MANOR CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MELBOURNE, FL 32904

4. FEI Number

59-3203604

Applied For

Not Applicable

Zip

Country

Zip

Country

BREOARD

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

SMITH HULSEY & BUSEY  
225 WATER STREET, STE 1800  
JACKSONVILLE, FL 32202

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☐ Delete  
NAME BURNS, JEFF  
STREET ADDRESS 726 SOUTH GRANADA BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL 32207

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

TITLE VCD ☐ Delete  
NAME NOEL, MARGO H  
STREET ADDRESS 716 NORTH THIRD ST  
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

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

TITLE TD ☐ Delete  
NAME MERRY, M. KATHRYN  
STREET ADDRESS 685 GREENWOOD MANOR CIR  
CITY-ST-ZIP MELBOURNE, FL 32904

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

TITLE GARCIA, CARLOS ☐ Delete  
NAME  
STREET ADDRESS 850 NW 122 AVENUE  
CITY-ST-ZIP MIAMI, FL 33182

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

TITLE D ☒ Delete  
NAME POWELL, DON  
STREET ADDRESS 8720 SUMMERVILLE PLACE  
CITY-ST-ZIP ORLANDO, FL 32819-3844

TITLE ☒ Change ☐ Addition  
NAME POWELL, DON  
STREET ADDRESS 8720 SUMMERVILLE PLACE  
CITY-ST-ZIP ORLANDO, FL 32819-3844

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: M. Kathryn Merry, Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/00 321.724-2698  
Date Daytime Phone #

CR2E037 (9/99)