

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003394

1. Entity Name

PAINTED ROCK SEMINARS, INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90147 034 ***61.25

Principal Place of Business

119 W. WASHINGTON STREET
CHATTAHOOCHEE FL 32324

Mailing Address

PO BOX 492
CHATTAHOOCHEE FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3311748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PARSONS, STEWART E
119 W. WASHINGTON STREET
CHATTAHOOCHEE FL 32324

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

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 ANNIS, LAWRENCE V
STREET ADDRESS 1330 SHARON ROAD
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE VD
NAME MCCLAREN, HARRY A
STREET ADDRESS P.O. BOX 522 N/A
CITY-ST-ZIP QUINCY FL 32353 ☐ Delete

TITLE VD
NAME ROWAN, JILL J
STREET ADDRESS 403 MORGAN AVENUE
CITY-ST-ZIP CHATTAHOOCHEE FL 32324 ☒ Delete

TITLE SD
NAME BENOIT, JEFFREY L
STREET ADDRESS P.O. BOX 294 N/A
CITY-ST-ZIP CHATTAHOOCHEE FL 32424 ☐ Delete

TITLE TD
NAME RESCH, ELLEN E
STREET ADDRESS 2191 MOHAWK TRAIL
CITY-ST-ZIP SNEADS FL 32460 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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: *ELLEN E RESCH*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/2000
Date

(850)663-7706
Daytime Phone #

CR2E037 (5/00)