

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-06-2002 90290 001 ****61.25

DOCUMENT # N94000003394

1. Entity Name

PAINTED ROCK SEMINARS, INC.

Principal Place of Business

Mailing Address

~~119 W. WASHINGTON STREET~~
 CHATTAHOOCHEE FL 32324

PO BOX 492
 CHATTAHOOCHEE FL

2. Principal Place of Business

1000 North Main St.

3. Mailing Address

Suite, Apt. #, etc.

Building 1249

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3311748

Applied For

Not Applicable

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

Name

Ellen E. Resch

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

2191 Mohawk Trail

City

Sneads

FL

Zip Code

32460

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

Ellen E. Resch

04/22/02

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 **RD President Director** ☐ Delete

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

TITLE **VD** ☒ Delete

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

TITLE **SD** ☒ Delete

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

TITLE **TD** ☐ Delete

NAME **RESCH, ELLEN E** *Treasurer and Secretary*
 STREET ADDRESS **2191 MOHAWK TRAIL**
 CITY-ST-ZIP **SNEADS FL 32460** *Director*

TITLE ☐ Delete

NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MARTIN BOHN VD** ☐ Change ☒ Addition

NAME **3113 SHAMROCK SOUTH** *Vice Pres. and Director*
 STREET ADDRESS **TALLAHASSEE FL 32309**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **add title "SD" (secretary)** ☒ 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

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

04/22/02 (850) 663-7268

Date

Daytime Phone #

CR2E037 (9/01)