

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90114 001 \*\*\*\*61.25

0021004

**DOCUMENT # N96000002569**

1. Entity Name

**T.D.A.T.C., INC.**

*(Handwritten initials)*

Principal Place of Business

Mailing Address

**314 DIXIE STREET  
 CROSS CITY FL 32628**

**PO BOX 638  
 CROSS CITY FL 32628**

**A0076950**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3433491**

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

**SMITH, WILLMONTEEN R  
 314 DIXIE STREET  
 CROSS CITY FL 32628**

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 **D** ☐ Delete  
 NAME **MALCOLM, W R**  
 STREET ADDRESS **1581 BOULDERWOOD DR SE**  
 CITY-ST-ZIP **ATLANTA GA 30316**

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

TITLE **D** ☐ Delete  
 NAME **CHARLTON, LEE ANN**  
 STREET ADDRESS **1211 W. 7TH ST.**  
 CITY-ST-ZIP **LIVE OAK FL 32060**

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

TITLE **D** ☐ Delete  
 NAME **PHILMORE, FELONZIE**  
 STREET ADDRESS **1215 W. 7TH ST.**  
 CITY-ST-ZIP **LIVE OAK FL 32060**

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

TITLE **D** ☒ Delete  
 NAME **STOCKTON, GLORIA**  
 STREET ADDRESS **504 WILSON ST.**  
 CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE ☐ Change ☒ Addition  
 NAME **Perkins, Maurice**  
 STREET ADDRESS **505 Lafayette Ave.**  
 CITY-ST-ZIP **Live Oak FL 32060**

TITLE **D** ☐ Delete  
 NAME **FEWS, IRENE**  
 STREET ADDRESS **PO BOX 611**  
 CITY-ST-ZIP **PERRY FL 32348**

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

TITLE **D** ☒ Delete  
 NAME **GRAHAM, WEREBLEEN**  
 STREET ADDRESS **2870 FRONTIER DR.**  
 CITY-ST-ZIP **KISSIMEE FL 34744**

TITLE ☐ Change ☒ Addition  
 NAME **JAFFRY Lee CRAW**  
 STREET ADDRESS **P.O. BOX 1685**  
 CITY-ST-ZIP **Old Town, FL 32628**

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

*(Handwritten signature: WILLMONTEEN R. SMITH)*

*(Handwritten date: July 9 2001)*

CR2E037 (10/00)