

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002837

1. Entity Name

FLORIDA 21, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90091 032 ****61.25

Principal Place of Business

3603 DONEGAL DRIVE
TALLAHASSEE FL 32308

Mailing Address

3603 DONEGAL DRIVE
TALLAHASSEE FL 32308-3220

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3617099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, JOHN
3603 DONEGAL DRIVE
TALLAHASSEE FL 32308

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

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 **EXECUTIVE DIRECTOR (P/D)** ☐ Delete
NAME **J. M. REYNOLDS**
STREET ADDRESS **3603 DONEGAL DR**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **DIRECTOR (V/D)** ☐ Delete
NAME **TERESA M. HERON**
STREET ADDRESS **2712 CHARLESTON CT**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **DIRECTOR (S/D)** ☐ Delete
NAME **LIGIA M. APPEGATE**
STREET ADDRESS **3428 CLIFDEN DR**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

J. M. Reynolds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

950-668-7685

Daytime Phone #

CR2E037 (9/99)