

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-18-2000 90330 021 ****61.25

DOCUMENT # N99000003103

1. Entity Name

FICTION COLLECTIVE TWO, INC.

Principal Place of Business

DEPT. OF ENGLISH, 216 WILLIAM JOHNSTON BLD
FLORIDA STATE UNIVERSITY
TALLAHASSEE FL 32306-1580

Mailing Address

DEPT. OF ENGLISH, 216 WILLIAM JOHNSTON BLD
FLORIDA STATE UNIVERSITY
TALLAHASSEE FL 32306

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

13-2957841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERRY, RALPH
DEPT. OF ENGLISH, 216 WILLIAM JOHNSTON BLD
FLORIDA STATE UNIVERSITY
TALLAHASSEE FL 32306-1580

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: **Publisher** ☐ Delete
NAME: **Ralph Berry**
STREET ADDRESS: **1939 Sand Basin Road**
CITY-ST-ZIP: **Grand Ridge, FL 32442**

TITLE: **Business Manager/Publicist** ☐ Delete
NAME: **Cadence Kidwell**
STREET ADDRESS: **4051 Sun Hawk Blvd.**
CITY-ST-ZIP: **Tallahassee, FL 32308**

TITLE: **Treasurer** ☐ Delete
NAME: **Stephanie Sgouros**
STREET ADDRESS: **109 Ferndale Dr.**
CITY-ST-ZIP: **Tallahassee, FL 32301**

TITLE: **D. Curtis White** ☐ Delete
NAME: **602 Oglesby**
STREET ADDRESS: **Normal, IL 61761**

TITLE: **D. Ronald Sukenick** ☐ Delete
NAME: **1505 Bluebell**
STREET ADDRESS: **Boulder, CO 80302**

TITLE: **D. Robert Steiner** ☐ Delete
NAME: **2060 North Bay Road**
STREET ADDRESS: **Miami Beach, FL 33140**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition

STREET ADDRESS: ☐ Change ☐ Addition

CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition

STREET ADDRESS: ☐ 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:

Stephanie Sgouros

4-30-00

(850) 410-9298

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)