

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90027 018 \*\*\*\*61.25

**DOCUMENT # N99000003103**

1. Entity Name

**FICTION COLLECTIVE TWO, INC.**

Principal Place of Business

216 WILLIAM JOHNSTON BLD  
FLORIDA STATE UNIVERSITY  
TALLAHASSEE FL 32306-1580

Mailing Address

216 WILLIAM JOHNSTON BLD  
FLORIDA STATE UNIVERSITY  
TALLAHASSEE FL 32306-1580

921888



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

**13-2957841**

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

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

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 **P** ☐ Delete  
NAME **BERRY, RALPH**  
STREET ADDRESS **1939 SAND BASIN ROAD**  
CITY-ST-ZIP **GRAND RIDGE FL 32442**

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

TITLE **BMP** ☒ Delete  
NAME **KIDWELL, CADENCE**  
STREET ADDRESS **4057 SUN HAWK BLVD**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **BMP** ☐ Change ☒ Addition  
NAME **Brenda L. Mills**  
STREET ADDRESS **1922 E. Indianhead Dr.**  
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **T** ☐ Delete  
NAME **SGOUROS, STEPHANIE**  
STREET ADDRESS **109 FERDALE DR**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE **DD** ☐ Delete  
NAME **WHITE, CURTIS**  
STREET ADDRESS **602 OGLESBY**  
CITY-ST-ZIP **NORMAL IL 61761**

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

TITLE **D** ☐ Delete  
NAME **SUKENICK, RONALD**  
STREET ADDRESS **1505 BLUBELL**  
CITY-ST-ZIP **BOULDER CO 80302**

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

TITLE **D** ☐ Delete  
NAME **STEINER, ROBERT**  
STREET ADDRESS **2060 NORTH BAY ROAD**  
CITY-ST-ZIP **MIAMI FL 33140**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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 another, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)