

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003103

1. Entity Name

FICTION COLLECTIVE TWO, INC.

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90096 014 ****61.25

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

2. Principal Place of Business

437A Williams Bldg.

3. Mailing Address

FC2

Suite, Apt. #, etc.

Dept. of English, FSU

Suite, Apt. #, etc.

English 1580, FSU

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

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)

Dept. of English, FSU
437A Williams Bldg.

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

Ralph Berry, Publisher

Ralph Berry

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

2-9-02

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 812 Martin St.
CITY-ST-ZIP Tallahassee, FL 32303

TITLE ☐ Delete
NAME BMP
STREET ADDRESS MILLS, BRENDA L
CITY-ST-ZIP 1922 E. INIANHEAD DR.
TALLAHASSEE FL 32301

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

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

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

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

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

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

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

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

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:

Stephanie Sgouros
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-9-02 (850) 488-4197

CR2E037 (9/01)