

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N99000005139**

1. Entity Name

**Barbara Thomas Colson & Company**

Principal Place of Business

Mailing Address

**4030 Tratee Road  
Tallahassee, FL 32308**

**FILED**

**00 SEP 25 PM 12:23**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**John R. Nelson  
875 North Independent Street  
Monticello, FL 32344**

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **Pres. & Int. Director**  
STREET ADDRESS **Barbara Thomas Colson**  
CITY-ST-ZIP **4030 Tratee Road**  
**Tallahassee, FL 32308**  
TITLE ☐ Change ☐ Addition  
NAME **Vice-President Director**  
STREET ADDRESS **Michael Rogers**  
CITY-ST-ZIP **4030 Tratee Road**  
**Tallahassee, FL 32308**  
TITLE ☐ Change ☐ Addition  
NAME **Secretary Sheila Washington**  
STREET ADDRESS **Sheila Washington**  
CITY-ST-ZIP **4030 Tratee Road, Tall, FL 32308**  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**9000003402415**  
**-09/25/00--01045--019**  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

**Barbara Thomas Colson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9/2/00 9:50/99**

CR2E037 (9/99)