

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.

DO NOT WRITE IN THIS SPACE

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

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pres. & Int. Director Barbara Thomas-Colson
STREET ADDRESS	4030 Tratee Road
CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice-President Director Michael Rogers
STREET ADDRESS	4030 Tratee Road
CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary Sheila Washington
STREET ADDRESS	Sheila Washington
CITY-ST-ZIP	4030 Tratee Road, Tall, FL 32308
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9000034024
STREET ADDRESS	-09/25/00--01045--019
CITY-ST-ZIP	*****61.25 *****61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: **9/2/00** Daytime Phone #: **906-0199**

CR2E037 (9/99)