

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N99000005354

1. Entity Name

EIDER COURT OFFICE PARK ASSOCIATION, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

03-02-2000 90179 041 ****61.25

Principal Place of Business
2850 CAPITAL MEDICAL BLVD.
TALLAHASSEE FL 32308

Mailing Address
P.O. BOX 4181
TALLAHASSEE FL 32315-4181

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
59-3603901

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

WEATHERLY, JAMES F JR.
2880 CAPITAL MEDICAL BLVD.
TALLAHASSEE FL 32308

Name Dan Vollmer
Street Address (P.O. Box Number is Not Acceptable)
1435 E. Piedmont Dr., Suite 202
City Tallahassee FL Zip Code 32312

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]
Dan Vollmer Vice President/Treasurer

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/00

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	<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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Dale Lauer		
STREET ADDRESS	1425 E. Piedmont Dr. #301		
CITY-ST-ZIP	Tallahassee, FL 32312		
TITLE	Vice President/Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Dan Vollmer		
STREET ADDRESS	1435 E. Piedmont Dr., Suite 202		
CITY-ST-ZIP	Tallahassee, FL 32312		
TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Patrick Neal		
STREET ADDRESS	2910 Capital Medical Blvd.		
CITY-ST-ZIP	Tallahassee, FL 32308		
TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Don Hevey		
STREET ADDRESS	1876-A Eider Ct.		
CITY-ST-ZIP	Tallahassee, FL 32308		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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)(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:

[Signature]
Dan Vollmer

2/25/00

850 386-1158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)