

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000001824**

1. Entity Name

TRUE NORTH ENTERPRISES, INC.

Principal Place of Business

Mailing Address

4787 HIGH GROVE RD.
TALLAHASSEE FL 32308C/O JOHN ABBOTT
400 CAPITOL CIR. S.E. STE. 18 PBS 118
TALLAHASSEE FL 32301

2. Principal Place of Business

4787 High Grove Rd.

Suite, Apt. #, etc.

3. Mailing Address

400 Capitol Circle, SE

Suite, Apt. #, etc.

STE 18-118

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32308

Country

Leon

Zip

32301

Country

Leon

4. FEI Number

59-3646277

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABBOTT, JOHN P
4787 HIGH GROVE RD.
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME John P. Abbott
STREET ADDRESS 4787 Highgrove Rd
CITY-ST-ZIP Tallahassee, FL 32308TITLE
NAME Betty Ann Holaday - Abbott
STREET ADDRESS 4787 Highgrove Rd
CITY-ST-ZIP Tallahassee, FL 32308TITLE
NAME Amils Abbott-Budge
STREET ADDRESS 830 EAST BULLOCK
CITY-ST-ZIP Washington, LA 70780TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME President
STREET ADDRESS
CITY-ST-ZIP NO CHANGETITLE
NAME Vice President
STREET ADDRESS
CITY-ST-ZIP NO CHANGETITLE
NAME Secretary/Treasurer
STREET ADDRESS
CITY-ST-ZIP NO CHANGETITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/01

Date

850-321-5999

Daytime Phone #

CR2E034 (10/00)