

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00 000 002788

1. Entity Name
E.C. THOMPSON PROPERTIES INC.

FILED

01 APR 20 AM 9:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address

223 WESTRIDGE DRIVE
TALLAHASSEE, FL 32304

2. Principal Place of Business

3. Mailing Address

P.O. BOX 2503

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TALLAHASSEE, FL 32316

4. FEI Number

59-3101378

Applied For

Not Applicable

Zip

Country

Zip

32316

Country

USA

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

E.C. THOMPSON

223 WESTRIDGE DRIVE
TALLAHASSEE, FL 32304

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 State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
E.C. THOMPSON
223 WESTRIDGE DR
TALLAHASSEE, FL 32304

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
LOTHIAN
1313 SHARON ROAD
TALLAHASSEE, FL 32303

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
LOTHIAN THY
223 WESTRIDGE DRIVE
TALLAHASSEE, FL 32304

☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP
000004161470--2
-05/08/01--01033--008
****388.00 ****150.00

☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. 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 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:

E.C. THOMPSON, E.C. THOMPSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

Date

575-2859

Daytime Phone #

CR2E034 (1/1/00)