## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 03, 2001 8:00 am Secretary of State DOCUMENT # P00000091605 FUND ALLOCATION MANAGEMENT, INC. 05-03-2001 91101 022 \*\*\*150.00 Principal Place of Business Mailing Address 526 SW DEPOT AVE 526 SW DEPOT AVE GAINESVILLE FL 32601 GAINESVILLE FL 32601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. EEI Number 59 36 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCGILL, KEN Street Address (P.O. Box Number is Not Acceptable) **526 SW DEPOT AVE** GAINESVILLE FL 32601 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete TITLE ☐ Change Addition TITLE MCGILL, KEN NAME NAME **526 SW DEPOT AVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32601 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE BLACKWELDER, NEIL NAME NAME 526 SW DEPOT AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32601 CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

352 378-0312

Daytime Phone #

R2E034 (10/00