

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112508

1. Entity Name

CENTRE POINTE, INC.

Principal Place of Business

2123 CENTRE POINTE BLVD  
TALLAHASSEE FL 32308

Mailing Address

2123 CENTRE POINTE BLVD  
TALLAHASSEE FL 32308

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3685981

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

CARUTHERS, J KENT  
2123 CENTRE POINTE BLVD  
TALLAHASSEE FL 32308

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 D  
NAME BOUTWELL, KEN  
STREET ADDRESS 3431 CEDAR LN  
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE D  
NAME CIESLA, JERRY  
STREET ADDRESS 3601 UNCLE GLOVER RD  
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE D  
NAME HUMBLE, ED  
STREET ADDRESS 125 MOE-LAR LN  
CITY-ST-ZIP TENINO WA 98589 ☐ Delete

TITLE D  
NAME LAYZELL, DAN  
STREET ADDRESS 7757 CRICKLEWOOD DR  
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE D  
NAME SEAMON, FRED  
STREET ADDRESS 1122 SEMINOLE DR  
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE D  
NAME CROMWELL, DOBBS  
STREET ADDRESS 4436 52 PL SW  
CITY-ST-ZIP SEATTLE WA 98116 ☐ Delete

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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)(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

2/15/01

Date

850-386-3191

Daytime Phone #

CR2E034 (10/00)

FILED  
Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90269 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE