

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State
 03-24-2000 90021 007 ***150.00

DOCUMENT # P25603

1. Entity Name

MAGNA-GRAPHIC/SOUTH, INC.

Principal Place of Business

2528 PALUMBO DR.
 LEXINGTON KY 40509

Mailing Address

P.O. BOX 54970
 LEXINGTON KY 40555-4970
 US

2. Principal Place of Business

7606 Presidents Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

Country

US

Zip

Country

4. FEI Number

61-1164454

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

**MITCHELL, CHARLES-D JR
 4525 VINELAND RD UNIT #209
 ORLANDO FL 32811**

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. ☐

*** FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 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 **PD** ☐ Delete
 NAME **MITCHELL, CHARLES D., JR**
 STREET ADDRESS **2528 PALUMBO DR, P.O. BOX 54970**
 CITY-ST-ZIP **LEXINGTON KY**

TITLE ☒ Change ☐ Addition
 NAME **P.O. Box 54970**
 STREET ADDRESS **Lexington, KY 40555**
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **MITCHELL, CHARLES D I**
 STREET ADDRESS **2528 PALUMBO DR, P.O. BOX 54970**
 CITY-ST-ZIP **LEXINGTON KY**

TITLE ☒ Change ☐ Addition
 NAME **P.O. Box 54970**
 STREET ADDRESS **Lexington, KY 40555**
 CITY-ST-ZIP

TITLE **VPC** ☐ Delete
 NAME **HORDL, III CHARLES W.**
 STREET ADDRESS **2528 PALVUMBO DR.**
 CITY-ST-ZIP **LEXINGTON KY**

TITLE ☒ Change ☐ Addition
 NAME **3533 McNaught Way**
 STREET ADDRESS **Lexington, KY 40555 40513**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MITCHELL, SYDNEY**
 STREET ADDRESS **2528 PALVUMBO DR, P.O. BOX 54970**
 CITY-ST-ZIP **LEXINGTON KY 40555**

TITLE ☒ Change ☐ Addition
 NAME **P.O. Box 54970**
 STREET ADDRESS **Lexington, KY 40555**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 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

Date

Daytime Phone #

CR2E034 (9/99)