

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39632

1. Entity Name

SCENIC AMERICA, INC.

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90006 013 ****61.25

Principal Place of Business

801 PENNSYLVANIA AVE SE
SUITE 300
WASHINGTON DC 20003
US

Mailing Address

801 PENNSYLVANIA SE
SUITE 300
WASHINGTON DC 20003
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2188166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONSON, WILLIAM C.
2694 REDFORD CT. W.
CLEARWATER FL 34621

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

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
WHITMIRE, KATHY
1126 TALIAFERRO HALL
COLLEGE PARK MD 20742 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MAGUIRE, MEG
801 PENNSYLVANIA AVE /#300
WASHINGTON DC 20003 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
BAYLEY, CHRIS
1411 FOURTH AVE STE 1430
SEATTLE WA 98101 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
FRANCIS, BETTY H
9400 PEPPERCORN PL #300
LARGO MD 20774 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CLUSEN, CHUCK
1200 NEW YORK AVE #400
WASHINGTON DC 20005 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Meg Maguire

7/19/01 202-543-6200