## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P92000011453 VFA-MAYFAIR, INC. 04-30-2001 90399 019 \*\*\*150.00 Mailing Address Principal Place of Business 3020 HARTLEY RD. 3020 HARTLEY RD. SUITE 300 SUITE 300 **6005673**2 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3161264 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FARRELL, MARK T. Street Address (P.O. Box Number is Not Acceptable) 3020 HARTLEY RD. SUITE 300 JACKSONVILLE FL 32257 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE DP NAME NAME ROOD, JOHN D STREET ADDRESS STREET ADDRESS 3020 HARTLEY RD STE 300 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 Change ☐ Addition Delete TITLE NAME NAME FARRELL, MARK T STREET ADDRESS STREET ADDRESS 3020 HARTLEY RD STE 300 CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32257 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME SMITH! BERNARD STREET ADDRESS STREET ADDRESS 3020 HARTLEY RD STE 300 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE 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.

Mark T. Farrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2001

(904) 260-3030

Daytime Phone #