

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000018944

FILED  
Jan 21, 2002 8:00 AM  
Secretary of State

Entity Name: REYNOLDS & REYNOLDS OF FLORIDA, INC.

## Current Principal Place of Business:

300 CROWN OAK CENTRE DRIVE  
#110  
LONGWOOD, FL 32750 US

## New Principal Place of Business:

## Current Mailing Address:

ALVAREZ, SAMBOL, WINTHROP & MADSON, P.A.  
P.O. BOX 268  
WINTER PARK, FL 327890268

## New Mailing Address:

ALVAREZ, SAMBOL, WINTHROP & MADSON, P.A.  
P.O. BOX 3511  
ORLANDO, FL 32801 US

FEI Number: 58-2036963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WINTHROP, GRIFFITH J III  
1031 W. MORSE BLVD., SUITE 270  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

WINTHROP, GRIFFITH J III  
111 NORTH ORANGE AVENUE  
SUITE 2000  
ORLANDO, FL 32802 US

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: GRIFFITH J. WINTHROP, III

01/21/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: REYNOLDS, STANLEY J  
Address: 5907 WINDSOR DR  
City-St-Zip: DES MOINES, IA 50312

Title: D ( ) Delete  
Name: FRY, RONNIE J  
Address: 518 ONE CENTER BLVD., K-306  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete  
Name: JOHNSTON, JEAN E  
Address: 117 S 33RD  
City-St-Zip: WEST DES MOINES, IA 50265

Title: D ( ) Delete  
Name: FAZEKAS, PAUL JR  
Address: 122 HEATHER HILL  
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete  
Name: WILLIAMSON, J. EDGAR  
Address: 7201 N.W. 54TH COURT  
City-St-Zip: JOHNSTON, IA 50131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL FAZEKAS, JR.

D

01/21/2002

Electronic Signature of Signing Officer or Director

Date