

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000026372

1. Entity Name

SCRIBNERS, INC.

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90066 012 \*\*\*150.00

Principal Place of Business

5004 E. COLONIAL DRIVE  
ORLANDO FL 32803  
US

Mailing Address

1000 HUMPHRIES AVE  
ORLANDO FL 32803  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3175539

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, CHARLES R  
1400 W. FAIRBANKS  
STE 204  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name David A. Vergey Jr.  
Street Address (P.O. Box Number is Not Acceptable) 211 North Magnolia Avenue  
Orlando  
City Orlando FL Zip Code 32801

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]  
Signature (typed or printed name of registered agent and title if applicable)

DAVID A VERGEY JR.

4/27/01

(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

TITLE	P	<input type="checkbox"/> Delete
NAME	SCRIBNER, JOHN H JR.	
STREET ADDRESS	604 TUSKAWILLA PT. LANE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCRIBNER, CYNTHIA A	
STREET ADDRESS	604 TUSKAWILLA PT. LANE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCRIBNER, JOHN	
STREET ADDRESS	250 BALFOURT DR.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN SCRIBNER

4/24/01

Date

407.894.7477

Daytime Phone #

CR2E034 (10/00)