

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90797 039 ***150.00

DOCUMENT # P93000066489

1. Entity Name

FISHERS INDIANA WAREHOUSE INC.

Principal Place of Business

1801 HERMITAGE BLVD
 STE 600
 TALLAHASSEE FL 32308
 US

Mailing Address

1801 HERMITAGE BLVD
 STE 600
 TALLAHASSEE FL 32308
 US

2. Principal Place of Business

3. Mailing Address

Suite/Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2513731

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

7. Name and Address of New Registered Agent

DAVID E. TODD
 1801 HERMITAGE BLVD.
 STE 100
 TALLAHASSEE FL 32308

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.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 D ☐ Delete
 NAME BENNETT, DOUGLAS W
 STREET ADDRESS 1801 HERMITAGE BLVD STE 600
 CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE DVAS ☒ Delete
 NAME HORTON, JAMES W
 STREET ADDRESS 1801 HERMITAGE BLVD STE 600
 CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DVAS ☐ Change ☒ Addition
 NAME Smith, Jeffrey L.
 STREET ADDRESS 1801 Hermitage Blvd Ste 600
 CITY-ST-ZIP Tallahassee, Fla 32308

TITLE T ☒ Delete
 NAME GERICK, MARK E
 STREET ADDRESS 8750 N CENTRAL PKWY SUITE 800
 CITY-ST-ZIP DALLAS TX 75231

TITLE VTA S ☐ Change ☒ Addition
 NAME Weaver, Regina
 STREET ADDRESS 8750 N. Central Expwy, Ste 800
 CITY-ST-ZIP Dallas, Tx 75231

TITLE P ☐ Delete
 NAME SMITH, G. A
 STREET ADDRESS 8750 N. CENTRAL EXPWY STE 800
 CITY-ST-ZIP DALLAS TX 75231-6437

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

TITLE VS ☐ Delete
 NAME FARALDO, MARK
 STREET ADDRESS 8750 N CENTRAL EXPRESSWAY #800
 CITY-ST-ZIP DALLAS TX 75231

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

TITLE DVAT ☐ Delete
 NAME GRAY, LYNNE M
 STREET ADDRESS 1801 HERMITAGE BLVD SUITE 600
 CITY-ST-ZIP DALLAS TX 75231

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 #

3-14-02 214 9890800

CR2E034 (9/01)