

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90131 013 \*\*\*150.00

900188



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000088172

1. Entity Name

PARCHER CORPORATION

Principal Place of Business

Mailing Address

17062 MARINA COVE LANE  
FT. MYERS FL 33908  
US

17062 MARINA COVE LANE  
FT. MYERS FL 33908-2818  
US

2. Principal Place of Business

3. Mailing Address

17062 MARINA COVE LANE  
Suite, Apt. #, etc.

17062 MARINA COVE LANE  
Suite, Apt. #, etc.

302A 15120 PORTS OF TONARD DR  
City & State

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City & State

FT. MYERS FL

FT. MYERS FL

Zip Country  
33908 U.S.A

Zip Country  
33908 U.S.A

4. FEI Number 52-0810620

Applied For  
Not Applicable

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

PARCHER, JAMES H  
17062 MARINA COVE LANE  
FT. MYERS FL 33908

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 Jean W. Parcher  
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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	PARCHER, JAMES H	
STREET ADDRESS	17062 MARINE COVE LANE.	
CITY-ST-ZIP	FT.MYERS FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PARCHER, JEAN W	
STREET ADDRESS	17062 MARINA COVE LANE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PARCHER, KENNETH B	
STREET ADDRESS	P.O. BOX 135 N/A	
CITY-ST-ZIP	GEORGETOWN MD 21930	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARCHER, DAVID W	
STREET ADDRESS	11479 STATION RD.	
CITY-ST-ZIP	WORTON MD	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jean W. Parcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 9, 2000

Date

Daytime Phone #

CR2E034 (9/99)