

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90022 025 ***150.00

0522009

DOCUMENT # P94000003309

1. Entity Name

THE BILLY ANDERSON COMPANY

Principal Place of Business

Mailing Address

100 N TAMPA ST
 STE 2150
 TAMPA FL 33607
 US

P.O. BOX 10477
 TAMPA FL 33679
 US

2. Principal Place of Business

3. Mailing Address

610 Swann Ave
 Suite, Apt. #, etc.

P.O. Box 18266
 Suite, Apt. #, etc.

City & State

City & State

Tampa, FL 33606

Tampa, FL

Zip

Zip

33606

33679

4. FEI Number **59-3222170**

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

ANDERSON, L M JR
 100 N TAMPA ST
 STE 2150
 TAMPA FL 33607

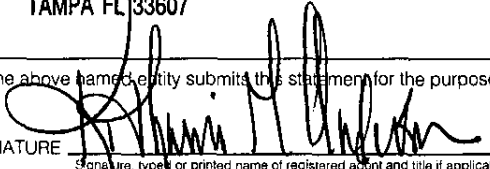
Katharine Gray Anderson
 Street Address (P.O. Box Number is Not Acceptable)
 610 Swann Ave

City Tampa

FL

Zip Code 33606

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-23-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DTC Delete
 NAME ANDERSON, L M JR
 STREET ADDRESS 100 N TAMPA ST STE 2150
 CITY-ST-ZIP TAMPA FL

TITLE Change Addition
 NAME D
 STREET ADDRESS 610 Swann Ave
 CITY-ST-ZIP Tampa, FL 33606

TITLE Delete
 NAME WATSON, CHARLES P.
 STREET ADDRESS 100 N TAMPA ST STE 2150
 CITY-ST-ZIP TAMPA FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DV Delete
 NAME ANDERSON, KATHARINE GRAY
 STREET ADDRESS 100 N TAMPA ST STE 2150
 CITY-ST-ZIP TAMPA FL

TITLE Change Addition
 NAME DP
 STREET ADDRESS 610 Swann Ave
 CITY-ST-ZIP Tampa, FL 33606

TITLE Delete
 NAME DVS
 STREET ADDRESS ANDERSON, ELIZABETH ANNE
 CITY-ST-ZIP 100 N TAMPA ST STE 2150 TAMPA FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS WURDEMAN, JAMES E.
 CITY-ST-ZIP 511 W BAY STREET, STE 400 TAMPA FL 33606

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

2-23-01

Date

813-876-8418

Daytime Phone

CR2E034 (10/00)