

# 2001 UNIFORM BUSINESS REPORT (UBR)

0023397

DOCUMENT # P94000053736

1. Entity Name

PAYFORMANCE CORPORATION

Principal Place of Business

10550 DEERWOOD PARK BLVD  
BLDG #300  
JACKSONVILLE FL 32256-7460

Mailing Address

10550 DEERWOOD PARK BLVD  
BLDG #300  
JACKSONVILLE FL 32256-7460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3259342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, FRED F JR.  
GREENBER TRAUIG, ET AL  
101 E. COLLEGE AVE.  
TALLAHASSEE FL 32302

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

800004161638--6

-05/08/01--01046--022

\*\*\*\*150.00 \*\*\*\*150.00

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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	PEAT, GARY A-	
STREET ADDRESS	150 EAST GAY STREET, 24TH FLOOR-	
CITY-ST-ZIP	COLUMBUS OH 43215--	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOZENTER, MICHAEL J-	
STREET ADDRESS	15 S. HIGH ST-	
CITY-ST-ZIP	NEW ALBANY OH 43054--	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, T. WAYNE JR	
STREET ADDRESS	1930 SAN MARCO BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAGGETT, FREDRIC	
STREET ADDRESS	101 E. COLLEGE AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael H. Thomas	
STREET ADDRESS	191 W. Nationwide Blvd., Ste. 600	
CITY-ST-ZIP	Columbus, OH 43215	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven F. Lux	
STREET ADDRESS	777 South Harbor Island Blvd., Ste. 375	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David R. Dent	
STREET ADDRESS	107 Chickering Parkway	
CITY-ST-ZIP	Roswell, GA 30075	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack L. Jones	
STREET ADDRESS	3225 Teton Drive	
CITY-ST-ZIP	Atlanta, GA 30339	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William D. Meadow	
STREET ADDRESS	10550 Deerwood Park Blvd., Bldg. 300	
CITY-ST-ZIP	Jacksonville, FL 32256-7460	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2001

Date

850-222-6891

Daytime Phone #

CR2E034 (10/00)