

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092683

1. Entity Name  
REINSTITUTION, INC.

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

05-18-2000 90335 045 \*\*\*150.00

Principal Place of Business

Mailing Address

4595 LEXINGTON AVENUE  
JACKSONVILLE FL 32210  
US

4595 LEXINGTON AVE  
JACKSONVILLE FL 32210-2058  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Reinstitution, Inc.  
Suite, Apt. #, etc.

400 Hogan Street  
Suite, Apt. #, etc.

City & State  
Jacksonville, FL

City & State  
Jacksonville FL

4. FEI Number 59-3284060

Applied For  
Not Applicable

Zip 32202  
Country USA

Zip 32202  
Country USA

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

GEORGE, TERESA  
4595 LEXINGTON AVENUE  
JACKSONVILLE FL 32210

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, 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 P  
NAME BAILEY, JAMES F  
STREET ADDRESS 10 N. NEWNAN ST.  
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

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

TITLE S  
NAME MILNE, DOUGLAS  
STREET ADDRESS 4595 LEXINGTON AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

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

TITLE VPD  
NAME PITMAN, DON  
STREET ADDRESS 4923 RIVER POINT RD.  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

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

TITLE D  
NAME FARNELL, CLEVE  
STREET ADDRESS 701 FISK ST. #200  
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

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

TITLE T  
NAME BONEY, TIM  
STREET ADDRESS 4311 HARBOR ISLAND DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

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

TITLE D  
NAME CRABTREE, RANDY  
STREET ADDRESS 8325 DIKELLIS TRAIL  
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

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

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 #

4-20-00 (904)356-4259

CR2E034 (9/99)