

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90346 022 ***150.00

DOCUMENT # P95000004369

1. Entity Name
F. C. CARROLL PROPERTIES, INC.

Principal Place of Business
1507 SUNSET POINT PLACE
KISSIMMEE FL 34744

Mailing Address
PO BOX 420178
KISSIMMEE FL 34742-0178



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 420178
 Suite, Apt. #, etc.

3. Mailing Address
1507 Sunset Pointe Place
 Suite, Apt. #, etc.

City & State
Kissimmee FL
 Zip
34742-0178 Country
USA

City & State
Kissimmee FL
 Zip
34744 Country
USA

4. FEI Number
59-3302376

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CARROLL, FAYE C
1507 SUNSET POINT PLACE
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DPT
CARROLL, FAYE C
1507 SUNSET POINTE PLACE
KISSIMMEE FL 34744 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VS
SESSIONS, MARK C
1507 SUNSET POINTE PLACE
KISSIMMEE FL 34744 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ 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: Mark Sessions **4-15-2002** **407-847-3242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/01)