## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P95000079823** Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** ABERCHOMBIE, SIMMONS & GILLETTE OF FLORIDA, INC. 01-27-2000 90177 048 \*\*\*158.75 Principal Place of Business Mailing Address 14041 "A" N. DEL MABRY HWY 10050 NORTHWEST FREEWAY TAMPA FL 33618 SUITE 245 HOUSTON TX 77092-8623 2. Principal Place of Business 3. Mailing Address 14041 "A" No.Dale Mabry Hwy. correct Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3338700 Tampa Not Applicable <sup>Zi</sup>33618 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required\_ \_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TOWNSEND, RICHARD K Street Address (P.O. Box Number is Not Acceptable) 6028 CHESTER AVENUE SUITE 101 JACKSONVILLE FL 32217 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VΡ ☐ Addition TITLE ☐ Delete TITLE 5151 Edloe Apt. 11402 NAME ABERCROMBIE, JAMES T STREET ADDRESS STREET ADDRESS 24903 CANSTON COURT Houston TX 77005 CITY-ST-ZIP CITY-ST-ZIP SPRINGS TX Change ☐ Addition ☐ Delete TITLE TITLE TOWNEND, RICHARD K NAME NAME STREET ADDRESS STREET ADDRESS POST OFFICE BOX 48100, N.A. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32247-8100 Addition Delete TITLE Change TITLE Secretary COLLINS, JACQUELINE NAME NAME Joyce Beaumont STREET ADDRESS STREET ADDRESS 10607 CRANBROOK 9510 Skipping Stone Lane CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** Houston TX 77064 XI Change ☐ Addition TITLE ☐ Delete TITLE Treasurer COLLINS, JACQUELINE NAME NAME Leslie Himes STREET ADDRESS STREET ADDRESS 10607 CRANBROOK 9302 Tascosa Lane CITY-ST-7IP CITY-ST-ZIP **HOUSTON TX 77042** Houston TX 77064 Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

Date

Description of Printed Phone #

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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