**FILED** 

Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jan 17, 2001 8:00 am Secretary of State DOCUMENT # P95000096185 JAMES D. A. HOLLEY & CO., P.A. 01-17-2001 90091 044 \*\*\*150.00 Principal Place of Business Mailing Address 1714 MAHAN CENTER BOULEVARD 1714 MAHAN CENTER BOULEVARD TALLAHASSEE FL TALLAHASSEE FL 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 59-3348344 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MUNROE, W. BRADLEY Street Address (P.O. Box Number is Not Acceptable) 239 EAST VIRGINIA STREET TALLAHASSEE FL 32301 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00 TITLE Change Addition ☐ Delete TITLE MADDEN, JOHN A NAME NAME STREET ADDRESS 3061 WHITE IBIS WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 Change ☐ Addition TITLE ☐ Delete TITLE MULLIKIN, HARRY A JR. NAME STREET ADDRESS 2525 HARRIMAN CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Change ☐ Addition ☐ Delete TITLE TITLE PARMELEE, GWYNNE Y NAME 3365 EAST LAKESHORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Change ☐ Addition TITLE ☐ Delete HARPER, L. MCRAE NAME NAME 2516 BETTON WOODS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Change ☐ Addition Delete TITLE PENNINGTON, CHARLES W NAME STREET ADDRESS STREET ADDRESS 2016 DOOMAR DRIVE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Change ☐ Addition ☐ Delete TITLE GILBERT, MATTHEW H NAME STREET ADDRESS **POST OFFICE BOX 666** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32302 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.

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR