

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004967

1. Entity Name

BARBARA SLOAN/COX PRODUCTIONS, INC.

Principal Place of Business

3545 CRYSTAL COURT
MIAMI FL 33133

Mailing Address

3545 CRYSTAL COURT
MIAMI FL 33133

2. Principal Place of Business

310 Riley View Court
Suite, Apt. #, etc.

3. Mailing Address

310 Riley View Court
Suite, Apt. #, etc.

City & State

Alpharetta GA

City & State

Alpharetta GA

Zip

30004

Country

USA

Zip

30004

Country

USA

4. FEI Number

65-0643993

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COX, DONALD JR.
3545 CRYSTAL COURT
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name: Greg Denes, Esq.
Street Address (P.O. Box Number is Not Acceptable): 6100 SW 76 Street
City: Miami FL Zip Code: 33143

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	PD	<input type="checkbox"/> Delete
NAME	COX, BARBARA S	
STREET ADDRESS	3545 CRYSTAL COURT	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COX, DONALD JR.	
STREET ADDRESS	3545 CRYSTAL COURT	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	310 Riley View Court	
STREET ADDRESS	Alpharetta GA 30004	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	310 Riley View Court	
STREET ADDRESS	Alpharetta GA 30004	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Barbara Sloan Cox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/07/01

Daytime Phone #

770-752-0020

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90054 037 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)