

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90012 008 ***150.00

DOCUMENT # P96000009868

1. Entity Name

FLAGLER HOLDINGS, INC.

Principal Place of Business

**111 SOUTH MONROE ST
SUITE 2000-B
TALLAHASSEE FL 32301**

Mailing Address

**P O BOX 351
TALLAHASSEE FL 32302
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3359706**

Applied For

Not Applicable

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****HINKLE, CLIFF
2916 ABBOTSFORD WAY
TALLAHASSEE FL 32312**

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 reinstalling)

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	C		☐ Delete				☒ Change ☐ Addition
	CLIFFORD R. HINKLE	215 S. MONROE ST., STE 500	TALLAHASSEE FL			111 South Monroe St., Suite 2000B	32301
	PST		☐ Delete				☒ Change ☐ Addition
	WAYNE C. WATTERS	215 S. MONROE ST., STE 500	TALLAHASSEE FL			111 South Monroe St., Suite 2000B	32301
	D		☐ Delete				☐ Change ☐ Addition
	F. PHILIP BLANK	204 S. MONROE ST.	TALLAHASSEE FL				☐ Change ☐ Addition
			☐ Delete				☐ Change ☐ Addition
			☐ Delete				☐ Change ☐ Addition
			☐ Delete				☐ Change ☐ Addition
			☐ Delete				☐ 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

CLIFF HINKLE**2/27/01**

Date

850-222-1800

Daytime Phone #

CR2E034 (10/00)