

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 8:00 am**
Secretary of State

05-01-2000 90029 049 ***150.00

DOCUMENT # P96000014420

1. Entity Name

WILLIAM COOK DIRECT MARKETING, INC.

Principal Place of Business

Mailing Address

**225 WATER STREET
SUITE 1600
JACKSONVILLE FL 32202****225 WATER STREET
SUITE 1600
JACKSONVILLE FL 32202-5149**

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 **59-3361926**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****BRANT, MOORE, MACDONALD & WELLS, P.A.
50 N. LAURA STREET
SUITE 3100
JACKSONVILLE FL 32202**

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 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, 2000 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	CD SCHRAMM, BERNARD C JR. 225 WATER STREET, SUITE 1600 JACKSONVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	CEOP EDDINGS, J. CARSON 225 WATER STREET, SUITE 1600 JACKSONVILLE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	CEOPD Eddings, J. Carson 225 Water Street, Suite 1600 Jacksonville, FL 32202
<input type="checkbox"/> Delete	ASD BRANT, WILLIAM P 50 N. LAURA STREET, SUITE 3100 JACKSONVILLE FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Benton, Lura A. 225 Water Street, Suite 1600 Jacksonville, FL 32202
<input type="checkbox"/> Delete	SD SCHNEIDER, AL L 50 N. LAURA STREET, SUITE 3100 JACKSONVILLE FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Russell, Michael T. 225 Water Street, Suite 1600 Jacksonville, FL 32202
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 an officer or director empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Carson Eddings

April 18, 2000

904/353-3911

Date

Daytime Phone #

CR2E034 (9/99)