

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P96000030677*

1. Entity Name

*THE INTERLOG, INC*

FILED

00 SEP -5 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

*11629 ALTA CIR N*

*11629 ALTA CIR N*

*JACKSONVILLE, FL 32226*

*JACKSONVILLE, FL  
32226*

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

*59-3383321*

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

*SASSER, KAY*

*11629 ALTA CIR N*

*JACKSONVILLE, FL 32226*

Name

Street Address (P.O. Box Number is Not Acceptable)

*500003397915--9*

*-09/19/00--01033--020*

*\*\*\*\*\*61.25 \*\*\*\*\*61.25*

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*PD  
ISELIN, PHILIPSE D.  
12544 DARYL HILL ROAD  
JACKSONVILLE FL 32218*

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*D PARRAMORE, PHILLIP  
10164-1 CARRAGE CIR S  
JACKSONVILLE, FL 32225*

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*STD  
SASSER, KAY F  
11629 ALTA CIR N  
JACKSONVILLE, FL 32226*

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*VD  
ISELIN, KENNETH A  
11629 ALTA CIR N  
JACKSONVILLE, FL 32226*

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*D MYERS, DAYTON R  
11629 ALTA CIR N  
JACKSONVILLE, FL 32226*

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*D  
LEWIE EDWARD RUMLEY  
6301 #37 ROOSEVELT BLVD  
JACKSONVILLE, FL 32244*

☐ 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:

*Kay Sasser* KAY SASSER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/30/00*  
Date

*904-757-0484*  
Daytime Phone #

CR2E034 (9/99)