

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032630

1. Entity Name

EF GLOBAL, INC.

FILED

Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90007 048 \*\*\*150.00

Principal Place of Business

Mailing Address

701 FISK STREET  
SUITE 200  
JACKSONVILLE FL 32204  
US

701 FISK STREET  
SUITE 200  
JACKSONVILLE FL 32204-3342  
US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

4. FEI Number 59-3372920

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

RAX CO.  
50 NORTH LAURA STREET  
BARNETT CENTER  
JACKSONVILLE FL

Name C.T. Farnell

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

Suite 310

City Jacksonville

FL

Zip Code 32204

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

C.T. Farnell C.T. Farnell, EVP

1-5-00

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

TITLE DSV  
NAME FARNELL, CLEVELAND T  
STREET ADDRESS 701 FISK STREET, SUITE 200  
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

TITLE  
NAME  
STREET ADDRESS Suite 310  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DP  
NAME ERISMAN, HENRY W.  
STREET ADDRESS 701 FISK STREET, SUITE 200  
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

TITLE  
NAME  
STREET ADDRESS Suite 310  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

C.T. Farnell C.T. Farnell, EVP

1-5-00

904-355-6746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #