

# 2001 UNIFORM BUSINESS REPORT (UBR)

000307

DOCUMENT # P96000059963

1. Entity Name

UNLIMITED EQ, INC.

FILED

01 FEB -6 PM 12:32

Principal Place of Business

202 ATP TOUR BOULEVARD  
SUITE 300  
PONTE VEDRA BEACH FL 32082

Mailing Address

202 ATP TOUR BOULEVARD  
SUITE 300  
PONTE VEDRA BEACH FL 32082

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2902 Isabella Blvd.

3. Mailing Address

2902 Isabella Blvd.

Suite, Apt. #, etc.

Suite 50

Suite, Apt. #, etc.

Suite 50

City & State

Jacksonville Beach, FL

City & State

Jacksonville Beach, FL

4. FEI Number

59-3316397

Applied For

Not Applicable

Zip

32250

Country

USA

Zip

32250

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6.-Name and Address of Current Registered Agent

BALL, JOHN S  
1 INDEPENDENT DRIVE  
SUITE 2600  
JACKSONVILLE FL FL322-02

7.-Name and Address of New Registered Agent

Name IntraState Registered Agent Corporation

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

701 Brickell Avenue, Suite 3000

City

Miami

FL

Zip Code  
33131

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.

INTRASTATE REGISTERED AGENT CORPORATION

SIGNATURE *Donald W. Walkovice* President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8000003743526--4

-02/20/01--01082--017

\*\*\*\*150.00 \*\*\*\*150.00

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 D  
NAME BENDER, WILLIAM C  
STREET ADDRESS 202 ATP TOUR BLVD., SUITE 300  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE D/P  
NAME BENDER, WILLIAM D  
STREET ADDRESS 202 ATP TOUR BLVD., SUITE 300  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE DST  
NAME BENDER, OLGA  
STREET ADDRESS 202 ATP TOUR BLVD., SUITE 300  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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 2902 Isabella Blvd., Suite 50  
CITY-ST-ZIP Jacksonville Beach, FL 32250 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 2902 Isabella Blvd., Suite 50  
CITY-ST-ZIP Jacksonville Beach, FL 32250 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 2902 Isabella Blvd., Suite 50  
CITY-ST-ZIP Jacksonville Beach, FL 32250 ☒ Change ☐ Addition

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

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

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:

*William D. Bender*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/01

Daytime Phone #

(904)246-7600

CR2E034 (10/00)