

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075491

1. Entity Name

ADDISON HOUSE, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90070 003 \*\*\*150.00

A0037398

Principal Place of Business  
614 ASH STREET  
FERNANDINA BEACH  
FL 32034  
US

Mailing Address  
614 ASH STREET  
FERNANDINA BEACH  
FL 32034  
US

2. Principal Place of Business  
614 ASH STREET

3. Mailing Address  
614 ASH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
FERNANDINA BEACH FL

City & State  
FERNANDINA BEACH

4. FEI Number  
59-3404684

Applied For  
Not Applicable

Zip  
32034

Country  
US

Zip  
32034

Country  
US

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

WOOD, MARSHALL E ESQUIRE  
303 CENTRE STREET  
SUITE 100  
FERNANDINA BEACH FL 32034

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
DONNA GIBSON, DONNA M  
614 ASH STREET  
FERNANDINA BEACH FL 32034

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VPT  
GIBSON, JOHN H.  
614 ASH STREET  
FERNANDINA BEACH FL 32034

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

Donna M. Gibson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00

Date

904-277-1604

Daytime Phone #

DONNA M. GIBSON, President, Addison House INC.

CR2E034 (9/99)