

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000089041****1. Entity Name****BILLIARD FACTORY OF FLORIDA, INC.**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 SEP 25 AM 10:23

**A0074407**

DO NOT WRITE IN THIS SPACE

**Principal Place of Business**5585 UNIVERSITY BLVD. W.  
JACKSONVILLE FL 32217**Mailing Address**5585 UNIVERSITY BLVD. W.  
JACKSONVILLE FL 32217**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-3419393**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****STICK, LARRY G  
5585 UNIVERSITY BLVD W  
JACKSONVILLE FL 32217****7. Name and Address of New Registered Agent**

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STICK, LARRY G</b>	
STREET ADDRESS	<b>5585 UNIVERSITY BLVD. W.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32217</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STICK, CONNIE L</b>	
STREET ADDRESS	<b>5585 UNIVERSITY BLVD. W.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32217</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>VICE PRESIDENT + DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DONALD S Shepard</b>	
STREET ADDRESS	<b>18 STARLIGHT FARM RD</b>	
CITY-ST-ZIP	<b>PHOENIX MD 21131</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROSEMARY SHEPARD</b>	
STREET ADDRESS	<b>18 STARLIGHT FARM RD</b>	
CITY-ST-ZIP	<b>PHOENIX MD 21131</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:****SIGNATURE REQUIRED****7/17/00 904-733-6880**

Date

Daytime Phone #

5585 University Blvd. W.  
Jacksonville, FL 32216

September 22, 2000

In reply to: P96000089041


Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Gentleman:

Subject: Late fee

Enclosed is a check for \$400.00 to pay for a late fee. However we never received the first letter of notice and believe that a late fee should not be charged. Please consider returning this check. If you have any questions, please call me at 904-733-6880. Thank you for your consideration.

Sincerely,

  
Sherrie Lucas  
General Manager  
Billiard Factory of Florida, Inc.