

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000104531

1. Entity Name

3512 MANAGEMENT CO.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90719 042 ***150.00

Principal Place of Business

Mailing Address

3512 MACLAY BLVD. SOUTH
SUITE A
TALLAHASSEE FL 32301

3512 MACLAY BLVD. SOUTH
SUITE A
TALLAHASSEE FL 32312-3914

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

59-3422784

Applied For

Not Applicable

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

THOMAS, JON
3512 MACLAY BLVD. SOUTH
SUITE A
TALLAHASSEE FL 32301

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 VPDS
NAME PIERCE, ROBERT L ☒ Delete
STREET ADDRESS 2675 OX BOTTOM RD
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Change ☒ Addition
NAME THOMAS, PATSY
STREET ADDRESS 3477 CEDAR LN
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE PDS
NAME THOMAS, JOH C ☐ Delete
STREET ADDRESS 3477 CEDAR LANE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Change ☒ Addition
NAME BOLLMAN, KYLE M.
STREET ADDRESS 3839 G MILLERS BRIDGE RD
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

850-893-3130

Daytime Phone #

Kyle M. Bollman