

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90057 043 ***150.00

DOCUMENT # P97000075376

1. Entity Name
OUT A MIND, INC.

Principal Place of Business

1000 BRICKELL AVENUE
SUITE 1200
MIAMI FL 33131

Mailing Address

1000 BRICKELL AVENUE
SUITE 1200
MIAMI FL 33131

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 **65-0782709**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RENTZ, R. LARRY
1000 BRICKELL AVENUE
SUITE 1200
MIAMI FL 33131

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, IDA A	
STREET ADDRESS	1000 BRICKELL AVE, STE 300	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MORRIS, W A	
STREET ADDRESS	1000 BRICKELL AVE, STE 1200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BELL, JAMES F JR	
STREET ADDRESS	1000 BRICKELL AVE, STE 1200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	RUPP, GARY L	
STREET ADDRESS	1000 BRICKELL AVE, STE 1000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, BILL G	
STREET ADDRESS	1000 BRICKELL AVE, STE 300	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M. NOEL CONNORS	
STREET ADDRESS	1000 BRICKELL AVE STE 300	
CITY-ST-ZIP	MIAMI FL 33131	
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. NOEL CONNORS

Date

Daytime Phone #

CR2E034 (9/01)