

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082855

1. Entity Name

DISC CONSULTING, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90021 048 \*\*\*150.00

Principal Place of Business 4215 SOUTHPOINT BLVD., STE. 100 JACKSONVILLE FL 32216	Mailing Address 4215 SOUTHPOINT BLVD., STE. 100 JACKSONVILLE FL 32216-6191
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 551260 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 551260 Suite, Apt. #, etc.
City & State Jacksonville, FL Zip 32255 Country	City & State Jacksonville, FL Zip 32255 Country

4. FEI Number 59-3471096	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANSBACHER, LAWRENCE V 4215 SOUTHPOINT BLVD., STE. 100 JACKSONVILLE FL 32216	7. Name and Address of New Registered Agent Name Lawrence V. Ansbacher Street Address (P.O. Box Number is Not Acceptable) 5150 Belfort Road Building 100 City Jacksonville FL Zip Code 32257
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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] DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAGGERTY, SCOTT 4401 OCEAN DR MANHATTEN BCH CA 90266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 912 Seawood Dr. Neptune Beach, FL 32266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HAGGERTY, DIANE 4401 OCEAN DR MANHATTEN CA 90266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 912 Seawood Dr. Neptune Beach, FL 32266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] 3/31/2000 904 270-1250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/99)