

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089886

1. Entity Name

UP FRONT ENTERTAINMENT, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90932 046 ***150.00

Principal Place of Business

Mailing Address

4446 HENDRICKS AVE
STE 393
JACKSONVILLE FL 32207
US

4446 HENDRICKS AVE
STE 393
JACKSONVILLE FL 32207-6369
US

955005



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4567 ATLANTIC BLVD

3. Mailing Address

4567 ATLANTIC BLVD

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

1

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3516038

Applied For

Not Applicable

Zip

32207

Country

USA

Zip

32207

Country

USA

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

HALL, TIMOTHY J
4446 HENDRICKS AVE
STE 393
JACKSONVILLE FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

4567 Atlantic Blvd
#1

City

Jacksonville

FL

Zip Code

32207

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]

Timothy J. Hall

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 ☐ Delete
NAME HALL, TIMOTHY J
STREET ADDRESS 4446 HENDRICKS AVE, STE 393
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☒ Change ☐ Addition
NAME Director, President
STREET ADDRESS 4567 Atlantic Blvd, #1
CITY-ST-ZIP Jacksonville FL 32207

TITLE ☐ Delete
NAME HALL, ANNE W
STREET ADDRESS 4446 HENDRICKS AVE, STE 393
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☒ Change ☐ Addition
NAME Director, Secretary, Treas.
STREET ADDRESS 4567 Atlantic Blvd #1
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Director, Vice-President
STREET ADDRESS G.W. Whitmire, Jr.
CITY-ST-ZIP 4567 ATLANTIC BLVD, #1

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE FL 32207

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
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]* Anne Wind Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 (904) 399-8839

Date

Daytime Phone #