

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90533 017 \*\*\*150.00

**DOCUMENT # P97000090417**

1. Entity Name  
**PREFERRED HOLDING COMPANY, INC.**



Principal Place of Business  
**3360 CAPITAL CIRCLE NE  
TALLAHASSEE FL 32308**

Mailing Address  
**P.O. BOX 15339  
TALLAHASSEE FL 32317-5339  
US**



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 **59-3485499**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**GRAGANELLA, JAMES  
9984 BUCK POINT RD  
TALLAHASSEE FL 32-312**

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PATTERSON, JAMES A</b>	
STREET ADDRESS	<b>560 SOUTH OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>MARTIN, KEITH</b>	
STREET ADDRESS	<b>6337 GLASGOW DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PATTERSON, JAMES A II</b>	
STREET ADDRESS	<b>615 WILLOWHURST PLACE</b>	
CITY-ST-ZIP	<b>LOUISVILLE KY 40223</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GRAGANELLA, JAMES A</b>	
STREET ADDRESS	<b>9984 BUCK POINT RD.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DIERUF, THOMAS A</b>	
STREET ADDRESS	<b>4013 WHITE BLOSSOM ESTATES</b>	
CITY-ST-ZIP	<b>LOUISVILLE KY 40241</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

1/15/03

Date

850.521.074L

Daytime Phone #

CR2E034 (10/02)