

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Feb 17, 2000 8:00 am  
Secretary of State  
02-17-2000 90004 004 \*\*\*150.00

DOCUMENT # P97000092809  
Entity Name  
SCHOONER DEVELOPMENT COMPANY

Principal Place of Business  
ALPINE WAY  
TALLAHASSEE FL 32303

Mailing Address  
4117 ALPINE WAY  
TALLAHASSEE FL 32303-2203

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country

4. FEI Number 59-3475859  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
LOVINGOOD, SANFORD B  
4117 ALPINE WAY  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

| 1. OFFICERS AND DIRECTORS |                      |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |      |                               |
|---------------------------|----------------------|---|---|------|-------------------------------|
| TITLE                     | NAME                 | STREET ADDRESS<br>CITY-ST-ZIP                   | TITLE   | NAME | STREET ADDRESS<br>CITY-ST-ZIP |
|                           | LOVINGOOD, SANFORD B | 4117 ALPINE WAY<br>TALLAHASSEE FL 32303         |   |      |                               |
|                           | MAYFIELD, EMORY L ;  | 4223 CAPITAL CIR N.W.<br>TALLAHASSEE FL 32303   |   |      |                               |
|                           | FISH, KENNETH G ;    | 720-E CAPITAL CIR. N.E.<br>TALLAHASSEE FL 32301 |   |      |                               |
|                           |                      |   |   |      |                               |
|                           |                      |   |   |      |                               |
|                           |                      |   |   |      |                               |
|                           |                      |   |   |      |                               |

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: Sanford Lovingood SANFORD LOVINGOOD 2/13/00 850-644-3484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #