

AMENDED
2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # P97000096470

1. Entity Name
Preferred Managing Agency, Inc.

FILED

00 FEB 28 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3360 Capitol Circle NE
Tallahassee, FL 32308

Mailing Address
3360 Capitol Circle NE
Tallahassee, FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3480242

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Treadway, Douglas
3760 Sally Lane
Tallahassee, FL 32312

Name Fred E. Karlinsky, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Colodny, Fass & Talenfeld, P.A.
2000 W. Commercial Blvd., Suite 232
City Ft. Lauderdale FL Zip Code 33309

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 Fred E. Karlinsky

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 PD
NAME James Graganella
STREET ADDRESS 9984 Buck Point Rd.
CITY-ST-ZIP Tallahassee, FL 32312 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME Keith Martin
STREET ADDRESS 6337 Glasgow Dr.
CITY-ST-ZIP Tallahassee, FL 32312 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME James A. Patterson
STREET ADDRESS 560 S. Ocean Blvd.
CITY-ST-ZIP Palm Beach, FL 33480 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Thomas A. Dieruf
STREET ADDRESS 11806 E. Arbor Drive
CITY-ST-ZIP Louisville, KY 40223 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME James A. Patterson, II
STREET ADDRESS 615 Willowhurst Place
CITY-ST-ZIP Louisville, KY 40223 ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH MARTIN

2/21/2000
Date

850-521-0742
Daytime Phone #

CR2E034 (9/99)