

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000103783**

1. Entity Name

PUTNAM LEASING COMPANY C, INC.**FILED****May 17, 2000 8:00 am**
Secretary of State

05-17-2000 91058 001 ***450.00

Principal Place of Business

Mailing Address

**16313 N DALE MABRY HWY
TAMPA FL 33618****PO BOX 272000
TAMPA FL 33688-2000**

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

59-3481524

Applied For

Not Applicable

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

**MIDULLA, RICHARD J
16313 N DALE MABRY HWY
TAMPA FL 33688**

Name

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

City

FL 33618

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, 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 **PD**
STREET ADDRESS **MIDULLA, RICHARD J**
CITY-ST-ZIP **16313 N DALE MABRY HWY
TAMPA FL 33618**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME **V**
STREET ADDRESS **DUREN, JAMES**
CITY-ST-ZIP **16313 N DALE MABRY HWY
TAMPA FL 33618**TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **PHILLIPS, WILLIAM C.**
CITY-ST-ZIP **225 WEST WALKER DR
KEYSTONE HEIGHTS 32656**TITLE ☐ Delete
NAME **S**
STREET ADDRESS **WOODBURY, TIMOTHY P**
CITY-ST-ZIP **16313 N DALE MABRY HWY
TAMPA FL 33618**TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **WOODBURY, TIMOTHY S**
CITY-ST-ZIP **16313 N DALE MABRY HWY
TAMPA FL 33618**TITLE ☐ Delete
NAME **T**
STREET ADDRESS **SHEARER, STEVEN R**
CITY-ST-ZIP **16313 N DALE MABRY HWY
TAMPA FL 33618**TITLE ☒ Change ☐ Addition
NAME **V**
STREET ADDRESS **SHEARER, STEVEN R**
CITY-ST-ZIP **16313 N DALE MABRY HWY
TAMPA FL 33618**TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **GEERAERTS, JOHN**
CITY-ST-ZIP **16313 N DALE MABRY HWY
TAMPA FL 33618**TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **GEERAERTS, JOHN W.**
CITY-ST-ZIP **16313 N DALE MABRY HWY
TAMPA FL 33618**TITLE ☒ Delete
NAME **D**
STREET ADDRESS **RIVENBARK, BENNIE M**
CITY-ST-ZIP **14651 21ST ST
DADE CITY FL 33535**TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **SHEPPARD, WILSON**
CITY-ST-ZIP **292 SOUTH US 301
SUMTERVILLE FL 33585**

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: _____

John Geeraerts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**JOHN GEERAERTS**

Date

4/28/00**(813)963-0994**

Daytime Phone #

CR2E034 (9/99)

15008

PUTNAM LEASING COMPANY C INC.
16313 N. DALE MABRY HIGHWAY
TAMPA, FLORIDA 33618

DOCUMENT#P97000103783

12. NAMES AND STREET ADDRESSES OF EACH OFFICER AND DIRECTOR (CONTINUED)

<u>TITLE</u>	<u>NAMES OF OFFICERS AND DIRECTORS</u>	<u>STREET ADDRESS OF EACH OFFICER AND DIRECTOR</u>	<u>CITY, STATE, ZIP</u>
D	JOHN DRAKE	1190 U.S.HIGHWAY 27 EAST	MOOREHAVEN, FL 33471
D	WILLIAM T. MULCAY JR.	US HIGHWAY 17 NORTH	WAUCHULA, FL 33873