

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104444

1. Entity Name

RUSSELL AND RUSSELL, INC.

Principal Place of Business

876 TOWN CIRCLE RD.
MAITLAND FL 32751

Mailing Address

P.O. BOX 547174
ORLANDO FL 32854

2. Principal Place of Business

1975 SHANNON LANE

Suite, Apt. #, etc.

3. Mailing Address

1975 SHANNON LANE

Suite, Apt. #, etc.

City & State

APOPKA, FL

City & State

APOPKA, FL

Zip

32703

Country

USA

Zip

32703

Country

USA

4. FEI Number

59-3531147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOON, WALTER R
200 N. PRIMROSE DR.
ORLANDO FL 32801

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.

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, 2001 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

TITLE PDST ☐ Delete
NAME RUSSELL, THOMAS W JR.
STREET ADDRESS P.O. BOX 547174
CITY-ST-ZIP ORLANDO FL 32854

TITLE D ☐ Delete
NAME RUSSELL, THOMAS W SR.
STREET ADDRESS 876 TOWN CIRCLE RD.
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST ☒ Change ☐ Addition
NAME Russell, THOMAS W Jr.
STREET ADDRESS 1975 SHANNON LANE
CITY-ST-ZIP APOPKA, FL 32703

TITLE D ☐ Change ☐ Addition
NAME Russell, THOMAS W Sr.
STREET ADDRESS 3898 Villa Rose Lane
CITY-ST-ZIP Orlando FL 32808

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

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

TITLE ☐ Change ☐ Addition
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:

Thomas W Russell Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-01
Date

(407) 814-9311
Daytime Phone #

CR2E034 (10/00)

0482662

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90091 016 ***150.00



DO NOT WRITE IN THIS SPACE