

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104876

1. Entity Name
MODIS GP, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90042 005 ***150.00

Principal Place of Business

Mailing Address

ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32202

ONE INDEPENDENT DRIVE
ATTN: TAX DEPT
JACKSONVILLE FL 32202-5039



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

One Independent Dr.
Suite, Apt. #, etc.

One Independent Dr.
Suite, Apt. #, etc.
Attn: Gerald Robinson

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL 32202

4. FEI Number 59-3482199

Applied For
Not Applicable

Zip 32202 Country USA

Zip 32202 Country USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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, 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 DEWAN, DEREK E
STREET ADDRESS ONE INDEPENDENT DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

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

TITLE SVTD
NAME ABNEY, MICHAEL D
STREET ADDRESS ONE INDEPENDENT DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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:

Gerald Robinson

Date

Daytime Phone #

CR2E034 (9/99)