

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036675

1. Entity Name

SC Holdings, Inc.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90441 002 *1,350.00

Principal Place of Business Mailing Address
5200-S. Washington Ave. 5200-S. Washington Ave.
Titusville, FL 32780 Titusville, FL 32780

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

10618

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Robert J. Downing
5200-S. Washington Ave.
Titusville, FL 32780

Name: Ronald W. Anderson
Street Address (P.O. Box Number is Not Acceptable): 5200-S. Washington Ave.
City: Titusville FL Zip Code: 32780

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

| | | |
|----------------|-------------------------|--|
| TITLE | P/D | <input type="checkbox"/> Delete |
| NAME | Gary R. Smith | |
| STREET ADDRESS | 5200-S. Washington Ave. | |
| CITY-ST-ZIP | Titusville, FL 32780 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | Danna Siebel | |
| STREET ADDRESS | 5200-S. Washington Ave. | |
| CITY-ST-ZIP | Titusville, FL 32780 | |
| TITLE | V/S | <input checked="" type="checkbox"/> Delete |
| NAME | Robert J. Downing | |
| STREET ADDRESS | 5200-S. Washington Ave. | |
| CITY-ST-ZIP | Titusville, FL 32780 | |
| TITLE | AS | <input checked="" type="checkbox"/> Delete |
| NAME | Lori J. Arp | |
| STREET ADDRESS | 5200-S. Washington Ave. | |
| CITY-ST-ZIP | Titusville, FL 32780 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lillian Clover | |
| STREET ADDRESS | 5200-S. Washington Ave. | |
| CITY-ST-ZIP | Titusville, FL 32780 | |
| TITLE | D/C | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | James E. Ernst | |
| STREET ADDRESS | 5200-S. Washington Ave. | |
| CITY-ST-ZIP | Titusville, FL 32780 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

Lillian Clover, Secretary

4/27/00 (888) 782-7816

CR2E034 (9/99)