

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050720

1. Entity Name

F.I. TIMULT, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90122 006 ***150.00

Principal Place of Business

Mailing Address

101 EAST KENNEDY BLVD.
SUITE 2000
TAMPA FL 33602

101 EAST KENNEDY BLVD.
SUITE 2000
TAMPA FL 33602-5148

2. Principal Place of Business

3. Mailing Address

390 N Orange Ave
Suite 1100

390 N. Orange Ave
Suite 1100

City & State
Orlando, FL

City & State
Orlando, FL

Zip Country
32801 Orange

Zip Country
32801 Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3580388

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

BEDKE, MICHAETE A
101 EAST KENNEDY BLVD.
SUITE 2000
TAMPA FL 33602

Name James E Slater

Street Address (P.O. Box Number is Not Acceptable)
390 N Orange Ave Suite 1100

City Orlando, FL FL Zip Code 32801

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 James E. Slater JAMES E. SLATER 4/25/00
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 SLATER, JAMES E
STREET ADDRESS 350 N ORANGE AVE STE 1100
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 approved.

SIGNATURE: James E. Slater JAMES E. SLATER 4/25/00 (407) 839
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 4200.

CR2E034 (9/99)