

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 02, 2001 8:00 am**
Secretary of State

04-02-2001 90094 021 ***150.00

0584378

DOCUMENT # P98000067122

1. Entity Name

FLORIDA CONVEYOR COMPANY

Principal Place of Business

Mailing Address

**80 MARKLAND PLACE., SUITE B
ST AUGUSTINE FL 32084****7103 JUNIPER ROAD
FAIRVIEW TN 37062****D0030281**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

200 Clubhouse Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Coast FL.

Zip

Country

Zip

Country

32137

4. FEI Number

59-3536634

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

**FOURMAN, GARY
80 MARKLAND PLACE., SUITE B
ST AUGUSTINE FL 32084**

Name

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

200 Clubhouse Dr. Slip 512City **Palm Coast****FL**

Zip Code

32137

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MOUNTAIN, KEITH**
CITY-ST-ZIP **790 APAKI PLACE
DIAMONDHEAD MS 39525**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **V**
STREET ADDRESS **MCCORMICK, LISA**
CITY-ST-ZIP **2005 GARNEIS CREEK RD
DICKSON TX 37055**TITLE ☒ Change ☐ Addition
NAME **V**
STREET ADDRESS **MCCORMICK, LISA**
CITY-ST-ZIP **2005 GARNEIS CREEK Rd
DICKSON TN 37055**TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **MOUNTAIN, MICHELLE**
CITY-ST-ZIP **2600 COLE AVE., APT 404
DALLAS TX 75204**TITLE ☒ Change ☐ Addition
NAME **ST**
STREET ADDRESS **MOUNTAIN, MICHELLE**
CITY-ST-ZIP **1711 MASTERS DRIVE
DeSoto TX 75115**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: *Lisa McCormick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA M'Cormick 3/26/01 615-799-4001

Date

Daytime Phone #

CR2E034 (10/00)