

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000034019**1. Entity Name
THE TETON GROUP, INC.

Principal Place of Business

2744 FIELDSTON LANE

JACKSONVILLE

32207

FL

Mailing Address

2744 FIELDSTON LANE

JACKSONVILLE

32207

FL

2. Principal Place of Business

2139 MANGO PLACE

3. Mailing Address

2139 MANGO PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE

FL

City & State
JACKSONVILLE

FL

4. FEI Number

59-3573340

Applied For

Not Applicable

Zip
32207Country
USZip
32207Country
US

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

COOK B. ALAN
2744 FIELDSTON LANEJACKSONVILLE
32207

FL

7. Name and Address of New Registered Agent

Name

COOK B. ALAN

Street Address (P.O. Box Number is Not Acceptable)
2139 MANGO PLACECity
JACKSONVILLE

FL

Zip Code
32207

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 _____ **04/30/2001**

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	D	<input type="checkbox"/> Delete
NAME	COOK CHRISTOPHER S	
STREET ADDRESS	2744 FIELDSTON LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK FAITH S	
STREET ADDRESS	2744 FIELDSTON LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK B. ALAN	
STREET ADDRESS	2744 FIELDSTON LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK CHRISTOPHER S	
STREET ADDRESS	2139 MANGO PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK FAITH S	
STREET ADDRESS	2139 MANGO PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK B. ALAN	
STREET ADDRESS	2139 MANGO PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
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: B. Alan Cook

D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)