

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90262 012 ***150.00

DOCUMENT # P99000071225

1. Entity Name

BAYMEADOWS CONSULTING GROUP, INC.

Principal Place of Business

**ONE INDEPENDENT DR STE 3000
 JACKSONVILLE FL 32202**

Mailing Address

**ONE INDEPENDENT DR STE 3000
 JACKSONVILLE FL 32202**

2. Principal Place of Business

50 North Laura Street

3. Mailing Address

P. O. Box 4099

Suite, Apt. #, etc.
Suite 3300

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3591663

Applied For

Not Applicable

Zip
32202

Country
US

Zip
32201

Country
US

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

~~MABM CORPORATE SERVICES INC
 ONE INDEPENDENT DR STE 3000
 JACKSONVILLE FL 32202~~

Name

RAX CO., a Florida corporation

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

c/o Daniel B. Nunn, Jr.

50 North Laura Street, Suite 3300

City

Jacksonville

FL

Zip Code
32202

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]

Daniel B. Nunn, Jr., VP

01/25/01

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
PST
 NAME
CHATTIN, WILLIAM E
 STREET ADDRESS
10151 REERWOOD PARK BLVD B-100 STE 410
 CITY-ST-ZIP
JACKSONVILLE FL 32256

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01

Date

904-996-8800

Daytime Phone #

CR2E034 (10/00)

0011343