

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107587

1. Entity Name

MILLENNIUM FINANCIAL ACCOUNTING SERVICES, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90068 026 \*\*\*158.75

Principal Place of Business

1505 FT CLARKE BLVD BLDG 6-204  
GAINESVILLE FL 32606

Mailing Address

1505 FT CLARKE BLVD BLDG 6-204  
GAINESVILLE FL 32606

2. Principal Place of Business

3540 NW 46TH TERRACE

3. Mailing Address

3540 NW 46TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

4. FEI Number

592-03-5566

Applied For

Not Applicable

Zip

32606

Country

USA

Zip

32606

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, GENE S  
1505 FT CLARKE BLVD BLDG 6-204  
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name

Sherry W. ELLIOTT

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

3540 NW 46TH TERRACE

City

GAINESVILLE

FL

Zip Code

32606

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

*Sherry W. Elliott*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*April 15th, 2000*

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 ☐ Delete  
NAME D  
STREET ADDRESS ELLIOTT, GENE S  
CITY-ST-ZIP P O BOX 789  
GAINESVILLE FL 32602

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DANIEL, M RAYMOND  
CITY-ST-ZIP 7 NW 36 DRIVE  
GAINESVILLE FL 32607

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WILKINS, SHERRY L  
CITY-ST-ZIP 1505 FT CLARKE BLVD BLDG 6-204  
GAINESVILLE FL 32606

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition  
NAME CHAIRMAN OF THE BOARD  
STREET ADDRESS SHERRY W. ELLIOTT  
CITY-ST-ZIP 3540 NW 46TH TERRACE  
GAINESVILLE, FL 32606

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

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

TITLE ☐ 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:

*Sherry W. Elliott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*April 15th, 2000 352-367-4311*

CR2E034 (9/99)