

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90020 036 \*\*\*150.00

**DOCUMENT # S53003**

1. Entity Name  
**CUMBERLAND ASSOCIATES, INC.**

Principal Place of Business <b>3491-11 THOMASVILLE ROAD          SUITE 222          TALLAHASSEE FL 32308</b>	Mailing Address <b>3491-11 THOMASVILLE ROAD          SUITE 222          TALLAHASSEE FL 32308</b>
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2. Principal Place of Business <b>536 Frank Shaw Rd.</b>	3. Mailing Address <b>536 Frank Shaw Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>Tallahassee, FL.</b>	City & State <b>Tallahassee, FL.</b>
Zip <b>32312</b>	Zip <b>32312</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number **59-3067745** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**O'LEARY, PATRICK G.  
 249 JOHN KNOX ROAD  
 STE 100  
 TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent  
 Name **Chandler, Porter**  
 Street Address (P.O. Box Number is Not Acceptable)  
**536 Frank Shaw Rd.**  
 City **Tallahassee** FL Zip Code **32312**

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 **Porter Chandler** **Porter E. Chandler** DATE **3/17/01**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PD SINGLEARY, RICHARD 102 CHUKKARS DRIVE THOMASVILLE GA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VD CHANDLER, PORTER E. 536 FRANK SHAW RD TALLAHASSEE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <del><b>STD O'LEARY, PATRICK G. 249 JOHN KNOX RD, STE 100 TALLAHASSEE FL 32303</b></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Robert Porter** DATE **3/14/01** DAYTIME PHONE # **229-225 9711**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)