

# 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

3491-11 THOMASVILLE ROAD  
SUITE 222  
TALLAHASSEE FL 32308

Mailing Address

3491-11 THOMASVILLE ROAD  
SUITE 222  
TALLAHASSEE FL 32308

2. Principal Place of Business

536 Frank Shaw Rd.

3. Mailing Address

536 Frank Shaw Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL.

City & State

Tallahassee, FL.

4. FEI Number 59-3067745

Applied For

Not Applicable

Zip 32312

Country USA

Zip 32312

Country USA

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

O'LEARY, PATRICK G.  
249 JOHN KNOX ROAD  
STE 100  
TALLAHASSEE FL 32303

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

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 PD  
NAME SINGLETARY, RICHARD  
STREET ADDRESS 102 CHUKKARS DRIVE  
CITY-ST-ZIP THOMASVILLE GA ☐ Delete

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

TITLE VD  
NAME CHANDLER, PORTER E.  
STREET ADDRESS 536 FRANK SHAW RD  
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

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

TITLE ~~STD~~  
NAME ~~O'LEARY, PATRICK G.~~  
STREET ADDRESS ~~249 JOHN KNOX RD, STE 100~~  
CITY-ST-ZIP ~~TALLAHASSEE FL 32303~~ ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)