

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S70874

1. Entity Name

FERRELL GROUP, INC.

FILED

Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90036 006 ***150.00

Principal Place of Business

Mailing Address

7607 19TH AVE. N.W.
BRADENTON FL 34209
US

P.O. BOX 723177
ATLANTA GA 31139-0177
US

2. Principal Place of Business

3. Mailing Address

10910 Donamere Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Alpharetta, GA

Zip 30022

Country USA

Zip

Country

4. FEI Number 65-0275145

Applied For

Not Applicable

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

FERRELL, JOSEPH C.
136 BOARDWALK ST.
TALLAHASSEE FL 32301

Name

Tonna Clark

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

7737 40th Ct E

City

Sarasota

FL

Zip Code

34243

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	OD	<input type="checkbox"/> Delete
NAME	GILLET, CHRISTOPHER R.	
STREET ADDRESS	110 EAGLE RIDGE DR.	
CITY-ST-ZIP	CANTON GA 30114	CANTON, GA
TITLE	OD	<input type="checkbox"/> Delete
NAME	FERRELL, JOSEPH C.	
STREET ADDRESS	7607 19TH AVENUE NW	10910 Donamere Dr.
CITY-ST-ZIP	BRADENTON FL	Alpharetta, GA 30022
TITLE	OD	<input type="checkbox"/> Delete
NAME	FERRELL, SANDRA B	
STREET ADDRESS	7607 19TH AVE NW	1091
CITY-ST-ZIP	BRADENTON FL 34209	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	CANTON, GA 30114	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10910 Donamere Dr.	
CITY-ST-ZIP	Alpharetta, GA 30022	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10910 Donamere Dr.	
CITY-ST-ZIP	Alpharetta, GA 30022	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Joseph C. Ferrell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/2000

770.619.9947
Daytime Phone #

CR29034 (9/99)