

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 08:00 AM
Secretary of State

DOCUMENT # 243986

1. Entity Name
TALISMAN SUGAR CORPORATION

Principal Place of Business 1650 PRUDENTIAL DRIVE STE 400 ATTN: LEGAL DEPARTMENT JACKSONVILLE FL 32207	Mailing Address 1650 PRUDENTIAL DRIVE STE 400 ATTN: LEGAL DEPARTMENT JACKSONVILLE FL 32207
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2. Principal Place of Business 1650 PRUDENTIAL DRIVE	3. Mailing Address 1650 PRUDENTIAL DRIVE SUITE 400
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Suite, Apt. #, etc. SUITE 400	Suite, Apt. #, etc. ATTN: LEGAL DEPARTMENT
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City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
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Zip 32207	Country US	Zip 32207	Country US
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4. FEI Number 59-0935992	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PAINE LAWRENCE
 1650 PRUDENTIAL DRIVE
 STE 400
 JACKSONVILLE FL 32207
 US

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE **03/02/2001**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS	NAME KENNEDY ALISON D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1650 PRUDENTIAL DRIVE, #400	CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE S	NAME PAINE LAWRENCE	<input type="checkbox"/> Delete
STREET ADDRESS 1650 PRUDENTIAL DRIVE, #400	CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE EVP	NAME RHODES ROBERT M	<input type="checkbox"/> Delete
STREET ADDRESS 1650 PRUDENTIAL DRIVE, #400	CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE D	NAME TWOMEY KEVIN M	<input type="checkbox"/> Delete
STREET ADDRESS 1650 PRUDENTIAL DRIVE, #400	CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE SVP	NAME FITCH DAVID D	<input type="checkbox"/> Delete
STREET ADDRESS 1650 PRUDENTIAL DRIVE, #400	CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE DSVP	NAME REGAN MICHAEL N	<input type="checkbox"/> Delete
STREET ADDRESS 1650 PRUDENTIAL DRIVE, #400	CITY-ST-ZIP JACKSONVILLE FL 32207	

TITLE AS	NAME HENDERSON ALISON K	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1650 PRUDENTIAL DRIVE, #400	CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE S	NAME PAINE LAWRENCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1650 PRUDENTIAL DRIVE, #400	CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE EVP	NAME RHODES ROBERT M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1650 PRUDENTIAL DRIVE, #400	CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE D	NAME TWOMEY KEVIN M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1650 PRUDENTIAL DRIVE, #400	CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE DTVP	NAME REGAN MICHAEL N	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1650 PRUDENTIAL DRIVE, #400	CITY-ST-ZIP JACKSONVILLE FL 32207	

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: LAWRENCE PAINE S Date 03/02/2001 Daytime Phone #

CR2E034 (11/00)