2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 176566 May 11, 2000 8:00 am Secretary of State 1. Entity Name WILLIAMS NEW RIVER ACRES, INC. 05-11-2000 90321 019 ***150.00 Principal Place of Business Mailing Address 29546 HIGHWAY 54 W 29546 HIGHWAY 54 W ZEPHYRHILLS FL 33543 ZEPHYRHILLS FLA 33543 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite Apt # etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-07 14742 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLIAMS.ARTHUR D Street Address (P.O. Box Number is Not Acceptable) 29546 HWY, 54 WEST ZEPHYRHILLS FL 33543 Zip Code City 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 it applicable. (NOTE: Registered Agent signature required when ministating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 66/6) ☐ Addition □ Change TITLE ☐ Delete TITLE WILLIAMS.ARTHUR D NAME NAME **CR2E034** 29546 HWY 54 W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL ☐ Addition Change Delete TITLE WILLIAMS, ANNE E. NAME STREET ADDRESS 29546 HWY 54 W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME LANIER, FRANCES G NAME STREET ADDRESS STREET ADDRESS 29546 HWY 54 W CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL ----El-Change . Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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, SIGNATURE: