

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 445269

1. Entity Name

MCDUFFIE MARINE & SPORTING GOODS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90220 017 ***150.00

Principal Place of Business

4090 US HIGHWAY 90 W
LAKE CITY FL 32055
US

Mailing Address

4090 US HIGHWAY 90 W
LAKE CITY FL 32055-7200
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1511497**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEELE, S. AUSTIN
327 N. HERNANDO STREET
LAKE CITY FL 32055

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

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 **PD** ☐ Delete
NAME **MCDUFFIE (WILLIAM DALBO)**
STREET ADDRESS **4090 US HWY 90 WEST**
CITY-ST-ZIP **LAKE CITY FL 32055**

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

TITLE **ST** ☐ Delete
NAME **MCDUFFIE J. L.**
STREET ADDRESS **4090 US HWY 90 WEST**
CITY-ST-ZIP **LAKE CITY FL 32055**

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

TITLE **VD** ☐ Delete
NAME **MCDUFFIE J. L.**
STREET ADDRESS **4090 US HWY 90 WEST**
CITY-ST-ZIP **LAKE CITY FL 32055**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00
Date

904-152-2500
Daytime Phone #

CR2E034 (9/99)