

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 575604

1. Entity Name

SEASONALL, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90122 032 ***150.00

Principal Place of Business

Mailing Address

201 N 15TH ST
 HAINES CITY FL 33844

201 N 15TH ST
 HAINES CITY FL 33844-4417

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

59-1832345

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

KIMBREL, WILLIAM W. SR.
 116 W. CYPRESS ST.
 DAVENPORT FL 33837

Name

G.T. Nunez II

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

900 Ingraham Ave

City

Haines City

FL

Zip Code

33844

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.

G.T. Nunez II Treasurer

1/17/00

(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	TSP	☒ Delete	TITLE	President	☐ Change ☒ Addition
NAME	WHEELER, WANDA LEE		NAME	William D. Epperson	
STREET ADDRESS	805 LK VILLA WAY		STREET ADDRESS	201 N. 15th St.	
CITY-ST-ZIP	HAINES CITY FL		CITY-ST-ZIP	Haines City, FL 33844	
TITLE	D	☒ Delete	TITLE	Secretary	☐ Change ☒ Addition
NAME	KIMBREL, MIRIAM W.		NAME	Andrea M. Nunez	
STREET ADDRESS	116 W. CYPRESS ST.		STREET ADDRESS	900 Ingraham Ave	
CITY-ST-ZIP	DAVENPORT FL		CITY-ST-ZIP	Haines City, FL 33844	
TITLE	D	☒ Delete	TITLE	VP/Treasurer	☐ Change ☒ Addition
NAME	KIMBREL, WILLIAM W SR		NAME	G.T. Nunez II	
STREET ADDRESS	116 W. CYPRESS ST.		STREET ADDRESS	900 Ingraham Ave	
CITY-ST-ZIP	DAVENPORT FL		CITY-ST-ZIP	Haines City, FL 33844	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

William D. Epperson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-00 863-422-7905
 Date Daytime Phone

CR2E034 (9/99)