

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 653849

1. Entity Name

FLORIDA-GEORGIA DISTRIBUTING COMPANY

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90031 014 ***150.00

Principal Place of Business

Mailing Address

502 CASSAT AVE
JACKSONVILLE FL 32205

502 CASSAT AVE
JACKSONVILLE FL 32254-3722

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

59-1978172

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

THIGPEN, TRENT
4022 TYNDEL CREEK PLACE
JACKSONVILLE FL 32259

Name

TRENT THIGPEN

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

4547 WILDERNESS COURT

City

JACKSONVILLE

FL

Zip Code
32258

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 ☐ Delete

NAME S
STREET ADDRESS SEARS, DAVID W.
CITY-ST-ZIP 5552 HECKSCHER DRIVE
JACKSONVILLE FL 32226

TITLE ☐ Delete

NAME PT
STREET ADDRESS THIGPEN, TRENT E.
CITY-ST-ZIP 4547 WILDERNESS CIRCLE
JACKSONVILLE FL 32258

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

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:

Trent Thigpen
TRENT THIGPEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-00

Date

(904) 783-1580

Daytime Phone #

CR2E034 (9/99)