

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90322 029 ****61.25

DOCUMENT # 757858

1. Entity Name

ABATE OF FLORIDA, INC.

Principal Place of Business

P.O. BOX 2520
DELAND FL 32721
US

Mailing Address

P.O. BOX 2520
DELAND FL 32721
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

59-3101979

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

TISHLER, STEVEN D P.A.
780 DUCK KEY DR.
DUCK KEY FL 33050

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	DP			
	REICHENBACH, JAMES II	251 N. HWY 314-A	SILVER SPRINGS FL 34488	
	DS			
	MITCHELL, MICHELLE	1746 LAMBERT ST.	JACKSONVILLE FL 32206	
	VP			
	KING, ROBERT	P. O. BOX 450413	KISSIMMEE FL 34745	
	DT			
	POLLOCK, CECIL J	324 16TH ST	VERO BEACH FL 32962	
	SAAT			
	DANIEL, DAN	P. O. BOX 676	MIMS FL 32754	
	MT			
	YOUNG, LINDA	P.O. BOX 540778 N/A	MERRITT ISLAND FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES D REICHENBACH II 1/30/01

Date

301-555-6353

CR2E037 (10/00)