2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # H20227** 1. Entity Name BENNY A. RICHMOND, INC. Mailing Address Principal Place of Business 316 S.E. AVENUE H 316 S.E. AVENUE H BELLE GLADE FL 33430-4344 BELLE GLADE FL 33430 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Zip Country Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

RICHMOND, MARY T.,

9. This corporation is eligible to satisfy its Intangible

RICHMOND, BENNY A.

316 S.E. AVENUE H.

RICHMOND, MARY T.

RICHMOND, THOMAS L

230 E CRESCENT DR

316 S.E. AVENUE H

BELLE GLADE FL

CLEWISTON FL

BELLE GLADE FL

Tax filing requirement and elects to do so.

(See criteria on back)

316 S.E. AVENUE H **BELLE GLADE FL 33430**

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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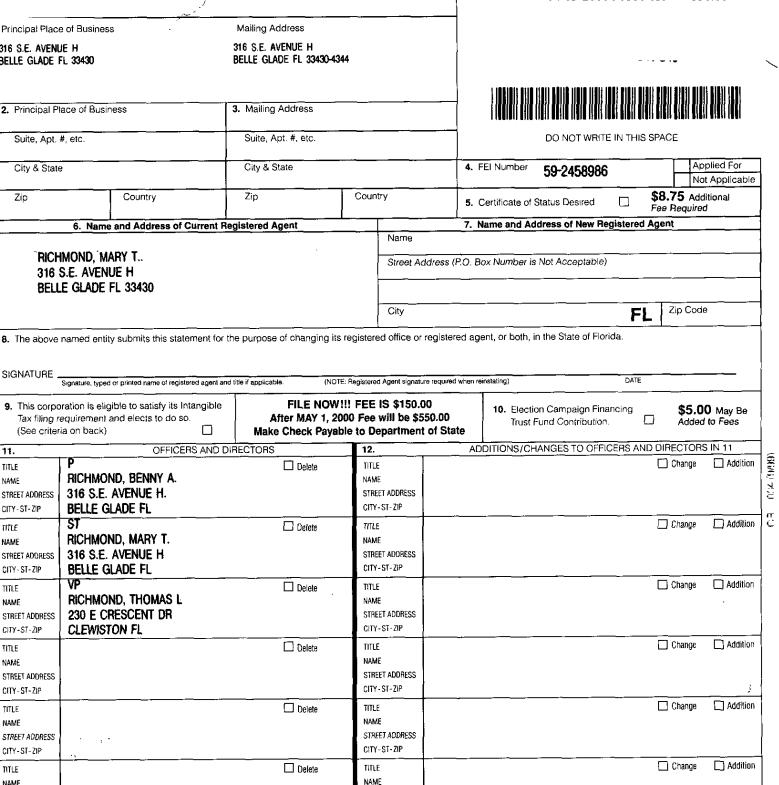
CITY-ST-ZIF

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Apr 03, 2000 8:00 am Secretary of State

04-03-2000 90180 039 ***150.00



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.

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

STREET ADDRESS

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CITY-ST-ZIP

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TITLE

NAME

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TITLE NAME STREET ADDRESS

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NAME

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NAME

SIGNATURE:

PARTICIPAND SCYTUS 3-28-00 521-996-5463