

2000 UNIFORM BUSINESS REPORT (UBR)

67

DOCUMENT # P96000058146

1. Entity Name

YORK DESIGN ASSOCIATES, INC.

✓

FILED
Jul 21, 2000 8:00 am
Secretary of State

06-20-2000 90010 048 ***150.00

Principal Place of Business

1015 SE FORT KING ST
OCALA FL 34471

Mailing Address

1015 SE FORT KING ST
OCALA FL 34471-2315

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 **59-3396216**

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

YORK, TINA M
1015 S E FT KING ST
OCALA FL 34471

7. Name and Address of New Registered Agent

Name

ANASTASIA, TINA

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

TITLE	P	☐ Delete
NAME	YORK, TINA M	
STREET ADDRESS	1015 S E FT KING ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	P	☐ Delete
NAME	YORK, TINA M	
STREET ADDRESS	1015 S E FT KING ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Tina M. York
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2000

852-40-9001

Date

Daytime Phone #

C R21C 14 (9/99)

DOC # P96 000058146

308565

July 13, 2000

York Design Associates, Inc.
1015 SE Fort King St
Ocala, FL 34474

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

This letter is written in response to the attached letter regarding my corporation, York Design Associates, Inc., P97000078862. The attached letter indicates that my annual report has not been filed. I initially received the report, filed it out, signed it and believed that my attorney had handled it. Then in mid June, I discovered that it had not been filed. I immediately forwarded the annual report and the required payment to the Department of State. It was filed late only because of a misunderstanding between my attorney and myself.

I respectfully request a waiver of the penalty for the late filing and ask the Department of State to file my previously filed return.

Sincerely,



Tina Anastasia
President