

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018025

1. Entity Name
TCLH, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90264 046 ***150.00

Principal Place of Business

Mailing Address

RT.2 BOX 1770
MAYO FL 32066

RT.2 BOX 1770
MAYO FL 32066-9201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JACKSON, LINDSEY D

RT.2 BOX 1770
MAYO FL 32066

Name

JACKSON, Lindsey D.

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

Rt 2 BOX 529

City

Mayo

FL

Zip Code

32066

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	PTD	<input type="checkbox"/> Delete
NAME	JACKSON, LINDSEY D	
STREET ADDRESS	RT.2 BOX 1770	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, HEATHER C	
STREET ADDRESS	RT.2 BOX 1770	
CITY-ST-ZIP	MAYO FL 32066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, Lindsey D.	
STREET ADDRESS	Rt 2 BOX 529	
CITY-ST-ZIP	Mayo, FL 32066	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jackson, Heather C.	
STREET ADDRESS	Rt 2 Box 529	
CITY-ST-ZIP	Mayo, FL 32066	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

Date

Daytime Phone #

904-294-5000

CR2E034 (9/99)