

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 01, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # 204053**

1. Entity Name  
 DIXIE OIL CO FLA

|  |  |
|--|--|
| Principal Place of Business<br>P O BOX 1007<br>HWY 82 EAST<br>TIFTON GA<br>31793 | Mailing Address<br>P O BOX 1007<br>HWY 82 EAST<br>TIFTON GA<br>31793 |
|--|--|

|   |                                    |
|---|------------------------------------|
| 2. Principal Place of Business<br>P.O. BOX 1007 | 3. Mailing Address<br>PO BOX 1007  |
| Suite, Apt. #, etc.<br>HIGHWAY 82 EAST          | Suite, Apt. #, etc.<br>HWY 82 EAST |

|                           |                           |
|---------------------------|---------------------------|
| City & State<br>TIFTON GA | City & State<br>TIFTON GA |
|---------------------------|---------------------------|

|              |         |              |         |
|--------------|---------|--------------|---------|
| Zip<br>31793 | Country | Zip<br>31793 | Country |
|--------------|---------|--------------|---------|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>58-0695435</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

DO NOT WRITE IN THIS SPACE

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent                           |  | 7. Name and Address of New Registered Agent  |  |
| LINDSEY, W F<br>901 LIVE OAK PLANTATION<br><br>TALLAHASSEE FL<br>32312 US |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><b>FL</b> 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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE **03/01/2000**

|  |   |   |
|--|---|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|---|

| 11. OFFICERS AND DIRECTORS |                         |                                 |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                 |                                   |
|----------------------------|-------------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE                      | T                       | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | LINDSEY ROBERT B        |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 1347 E. TENNESSEE ST.   |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | TALLAHASSEE FL 32308    |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | EVPS                    | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | LINDSEY ROBERT B        |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 1347 E. TENNESSEE ST.   |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | TALLAHASSEE FL 32308    |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | CEOD                    | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | LINDSEY WM. SCOTT       |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 1347 E. TENNESSEE ST.   |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | TALLAHASSEE FL 32308    |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | D                       | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | LINDSEY, MRS. W.F.      |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 901 LIVE OAK PLANTATION |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | TALLAHASSEE FL          |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | D                       | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | LINDSEY, W F            |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 901 LIVE OAK PLANTATION |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | TALLAHASSEE FL          |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | D                       | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | LINDSEY, BOBBY          |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | MELBA DRIVE             |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | TIFTON GA               |                                 |  | 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: WM. SCOTT LINDSEY CEO 03/01/2000