

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90033 050 \*\*\*150.00

<b>DOCUMENT # 259688</b>	
1. Entity Name <b>PALMS &amp; PINES INC</b>	
Principal Place of Business <b>5400 RIVERSIDE DR PUNTA GORDA FL 33982 US</b>	Mailing Address <del>5400 RIVERSIDE DR PUNTA GORDA FL 33982-1590 US</del>
2. Principal Place of Business	3. Mailing Address <b>1725 Mink Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>Apopka, FL</b>
Zip	Country <b>US</b>
Country	Zip <b>32703</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1284715</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b>		
<b>MACLEOD, GORDON 1725 MINK DR. APOPKA FL 32703</b>		
<b>7. Name and Address of New Registered Agent</b>		
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: *Gordon MacLeod* **Gordon MacLeod** 1-12-00

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD MACLEOD, JOSEPHINE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACLEOD, JOSEPHINE	NAME	
STREET ADDRESS	3418 SLEEPY HOLLOW LANE	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 00000	CITY-ST-ZIP	
TITLE	VT MACLEOD, GORDON <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACLEOD, GORDON	NAME	
STREET ADDRESS	1725 MINK DR.	STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	CITY-ST-ZIP	
TITLE	DV KAKRITZ, SANDRA <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAKRITZ, SANDRA	NAME	
STREET ADDRESS	3428 SLEEPYHOLLOW LANE	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	CITY-ST-ZIP	
TITLE	S MACLEOD, LOIS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACLEOD, LOIS	NAME	
STREET ADDRESS	1725 MINK DR	STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Gordon MacLeod* **Gordon MacLeod** 1-12-00 4078899553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #