

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 269482

1. Entity Name

40 ACRE CORPORATION

Principal Place of Business

Mailing Address

112 E POINSETTA ST
LAKELAND FL 33803-2919
US

112 E POINSETTIA ST
LAKELAND FL 33803-2919 --
US

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

59-1009374

Applied For

Not Applicable

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

LAWHON, C.L. JIMMY
2290 LAKELAND HILLS, BLVD
LAKELAND FL 33805

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

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	D	<input type="checkbox"/> Delete
NAME	YANCEY, JAMES A.	
STREET ADDRESS	P.O. BOX 1028	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	VD	<input type="checkbox"/> Delete
NAME	YANCEY, QUILLIAN S	
STREET ADDRESS	1625 KING JAMES CT	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YANCEY, NORMA	
STREET ADDRESS	1625 KING JAMES CT	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIS, CHARLES H JR.	
STREET ADDRESS	112 E. POINSETTIO DR.	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIS, JUNE D.	
STREET ADDRESS	535 SUSAN DRIVE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAWHON, CLARENCE L	
STREET ADDRESS	2290 LAKELAND HILL BLVD	
CITY-ST-ZIP	LAKELAND FL 33805	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, MICHAEL H.	
STREET ADDRESS	1025 ORANGE CAMP ROAD	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHEY, RONALD J.	
STREET ADDRESS	129 VICTOR ROAD	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHEY, BARBARA L.	
STREET ADDRESS	129 VICTOR ROAD	
CITY-ST-ZIP	LAKELAND, FL 33809	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWHON, CLARENCE L.	
STREET ADDRESS	2290 LAKELAND HILLS BOULEVARD	
CITY-ST-ZIP	LAKELAND, FL 33805	

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:

Charles H. Davis, Jr.
Charles H. Davis, Jr., Treasurer

2/1/00

(863) 683-5425

Date

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90144 016 ***150.00



DO NOT WRITE IN THIS SPACE