

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90040 041 ***150.00

DOCUMENT # 289599

1. Entity Name

CXVI EAST HAINES CORPORATION

Principal Place of Business

Mailing Address

121 N. COLLINS STREET
 BOX 789
 PLANT CITY FL 33564

121 N. COLLINS STREET
 P.O. BOX 789
 PLANT CITY FLA 33564-0789

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 **59-1154374**

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

Name

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

City

FL

Zip Code

TRINKLE, ROBERT S
121 N. COLLINS STREET
PLANT CITY FL 34289

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 NAME	PD MAYS JR, JAMES A	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	111 E. REYNOLDS ST. #11 PLANT CITY FL	
TITLE NAME	VD MAYS, KIRK E	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	114 E HAINES ST PLANT CITY FL 33566	
TITLE NAME	S TRINKLE, ROBERT S	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	121 N. COLLINS STREET PLANT CITY FL 33566	
TITLE NAME	D TRINKLE, ROBERT S.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	121 N. COLLINS STREET PLANT CITY FL 33566	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	PD Mays, Jr., James A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	114 E. Haines St. Plant City, FL 33566	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

CF 034 19/99

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/2000