

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 291816

1. Entity Name

FLORIDA WELCOME STATION, INC.

FILED

00 MAR 23 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3700 S. E. Hawthorne Rd.

3700 S. E. Hawthorne Rd.

Gainesville, Fl. 32641

Gainesville, Fl. 32641

2. Principal Place of Business

CR 236 & I-75

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 665

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

High Springs, Fl. 32643

City & State

High Springs, Fl.

4. FEI Number

59-1098881

Applied For

Not Applicable

Zip
32643

Country

Alachua

Zip

32643

Country

Alachua

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)

Saunders, Robert L.

1705 N. W. 26th Way

Gainesville, Fl. 32605

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

TITLE PD
NAME Saunders, R L, Jr.
STREET ADDRESS 1705 N. W. 26th Way
CITY-ST-ZIP Gainesville, Fl. 32605

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

100003188511-848
-03/29/00-01055-009
***150.00 ***150.00

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Bob Saunders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bob Saunders

3/21/00

352/376-4442

Date

Daytime Phone #

CR2E034 (9/99)