

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 302743

1. Entity Name

F.L. REVELL INC.

**FILED**  
Feb 19, 2000 8:00 am  
Secretary of State

02-19-2000 90010 028 \*\*\*150.00

Principal Place of Business

Mailing Address

107 E. MAIN ST.  
WAUCHULA FL 33873  
US

POST OFFICE BOX 38  
WAUCHULA FL 33873-0038

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 59-1165132

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

YANCEY, KENNETH W.  
107 EAST MAIN STREET  
WAUCHULA FL 33873

Name Patricia A Graham

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

107 East Main Street

City

Wauchula

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 VP  
NAME YANCEY, KENNETH W.  
STREET ADDRESS 322 HEARD BRIDGE RD  
CITY-ST-ZIP WAUCHULA FL ☒ Delete

TITLE VP  
NAME Patricia A. Graham  
STREET ADDRESS 107 E. Main Street  
CITY-ST-ZIP Wauchula, FL ☒ Change ☐ Addition

TITLE PST  
NAME REVELL JR, F L  
STREET ADDRESS 107 E. MAIN STREET  
CITY-ST-ZIP WAUCHULA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/00

Date

863-773-3251

Daytime Phone #

CR2E034 (9/99)