

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 332086

1. Entity Name  
**SAMS L.P. GAS COMPANY**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91308 019 \*\*\*150.00

Principal Place of Business  
**8222 S ORANGE AVE  
PO BOX 593641  
ORLANDO FL 32859-3641**

Mailing Address  
**8222 S ORANGE AVE  
PO BOX 593641  
ORLANDO FL 32859-0641**

000034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-1215549**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SAMS, BOBBY J  
8222 S ORANGE AVE  
ORLANDO FL 32809**

7. Name and Address of New Registered Agent  
Name **Randal J. Sams**  
Street Address (P.O. Box Number is Not Acceptable)  
**8222 S. Orange Ave**  
City **Orlando** FL Zip Code **32809**

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 DATE **5/10/2001**  
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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                 | <input checked="" type="checkbox"/> Delete |
| NAME           | SAMS, BOBBY J      |  |
| STREET ADDRESS | 6560 EDGEWATER DR. |  |
| CITY-ST-ZIP    | ORLANDO FL         |  |
| TITLE          | VD                 | <input type="checkbox"/> Delete            |
| NAME           | SAMS, RANDAL J.    |  |
| STREET ADDRESS | 3118 ZAHARIAS DR   |  |
| CITY-ST-ZIP    | ORLANDO FL 32837   |  |
| TITLE          | STD                | <input type="checkbox"/> Delete            |
| NAME           | SAMS, KAREN        |  |
| STREET ADDRESS | 3118 ZAHARIAS DR   |  |
| CITY-ST-ZIP    | ORLANDO FL 32837   |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |           |   |
|----------------|-----------|---|
| TITLE          |           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |           |   |
| STREET ADDRESS |           |   |
| CITY-ST-ZIP    |           |   |
| TITLE          | PRESIDENT | <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          |           | <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    |           |   |

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: **Karen J Sams** DATE **5/10/2001** DAYTIME PHONE # **407-855-1903**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)