

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90494 039 ***150.00

DOCUMENT # 389574

1. Entity Name

O'STEEN BROTHERS, INC.

Principal Place of Business

**1006 SE 4TH STREET
 GAINESVILLE FL 32601
 US**

Mailing Address

**1006 S E 4TH STREET
 GAINESVILLE FL 32601**

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 **59-1366875**

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

**O'STEEN, SARAJO
 16707 N.W. CR 241 N.
 ALACHUA FL 32615**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	OSTEEN, ARCHIE	
STREET ADDRESS	1006 SE 4TH STREET	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	OSTEEN, MABEL	
STREET ADDRESS	1006 SE 4TH STREET	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	OSTEEN, WM BRAD	
STREET ADDRESS	1006 SE 4TH STREET	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	OSTEEN, DEXTER	
STREET ADDRESS	1006 SE 4TH STREET	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	O'Steen, Lisa	
STREET ADDRESS	1006 SE 4th St.	
CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	S	<input type="checkbox"/> Delete
NAME	O'Steen, Sarajo	
STREET ADDRESS	1006 SE 4th Street	
CITY-ST-ZIP	Gainesville, FL 32601	

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

Date

Daytime Phone #

352-376-1634

CR2E034 (10/00)