

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 415594

1. Entity Name

EBERSOLE-GRADEN, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90045 021 ***550.00

Principal Place of Business

Mailing Address

1908 S ORANGE BLOSSOM TR
 APOPKA FL 32703
 US

1908 S ORANGE BLOSSOM TR
 APOPKA FL 32703-7758
 US

2. Principal Place of Business

3. Mailing Address

1910 S. Orange Blossom Tr

1910 S. Orange Blossom Tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka FL

City & State

Apopka FL

Zip
 32703

Country
 USA

Zip
 32703

Country
 USA

4. FEI Number

59-1432863

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

GRADEN, LINDA E
 355 VOTAW RD
 APOPKA FL 32703

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, 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
 STREET ADDRESS
 CITY-ST-ZIP
 PSTD
 GRADEN, LINDA E.
 355 VOTAW ROAD
 APOPKA 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
 Y.D.
 Billy M. Suggs
 1640 Sweetwater West Circle
 Apopka, FL 32703 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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☐ Delete

TITLE
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 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

Linda E. Graden
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/00
 Date

407-880-8100
 Daytime Phone #

CR2E034 (9/99)