

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 417622

1. Entity Name

MELEE INC

Principal Place of Business

Mailing Address

2713 N.E. LAKEVIEW DR.  
SEBRING FL 33870  
US

2713 N.E. LAKEVIEW DR.  
SEBRING FL 33870-2327  
US

2. Principal Place of Business

3. Mailing Address

917 8TH AVE.

917 8TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING, FL

City & State

SEBRING, FL

Zip 33872

Country US

Zip 33872

Country US

4. FEI Number

59-1448609

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

EASTMAN, BEN O  
2713 NE LAKEVIEW DR.  
SEBRING FL 33870

Name

C. MICHAEL EASTMAN

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

917 8TH AVE.

City

SEBRING

FL

Zip Code

33872

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

C. Michael Eastman, C. MICHAEL EASTMAN, TREASURER

4-26-00

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	P	<input type="checkbox"/> Delete
NAME	EASTMAN, BEN	
STREET ADDRESS	206 TAR HEEL RD	
CITY-ST-ZIP	MAGGIE VALLEY NC 28751	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOWE, DAVID	
STREET ADDRESS	2061 W NORTHGATE DR	
CITY-ST-ZIP	COLUMBUS IN	
TITLE	S	<input type="checkbox"/> Delete
NAME	HEACOCK, FORD	
STREET ADDRESS	2713 NE LAKE VIEW DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	EASTMAN, MIKE	
STREET ADDRESS	917 8TH AVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOWE, DOUGLAS	
STREET ADDRESS	502 S. MAIN STREET	
CITY-ST-ZIP	WINCHESTER IN 47394	
TITLE		<input type="checkbox"/> Delete
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	
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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:

C. Michael Eastman, C. MICHAEL EASTMAN

Date

4-26-00

Daytime Phone #

(863) 386-6578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90117 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE