

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 418537

1. Entity Name

SUBURBAN ESTATES, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90057 021 ***150.00

Principal Place of Business 2208 S.E. 8TH AVENUE P.O. BOX 131 OKEECHOBEE FL 34973	Mailing Address 2208 S.E. 8TH AVENUE P.O. BOX 131 OKEECHOBEE FL 34973-0131
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-1461312	Applied For	Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEARSON, L. M.
2208 S.E. 8TH AVENUE, P.O. BOX 131
OKEECHOBEE FL 34973

Name
Frankie Z. Pearson
Street Address (P.O. Box Number is Not Acceptable)
2209 SE 8th Avenue (P.O. Box 131)
City
Okeechobee FL Zip Code
34973

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 Frankie Z. Pearson DATE 3-20-00
Signature, typed or printed name of registered agent and title if applicable. (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, 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	PD	<input type="checkbox"/> Delete
NAME	ATTAWAY, JAMES O.	
STREET ADDRESS	810 SE 6TH STREET	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	PEARSON, L.M.	
STREET ADDRESS	2208 SE 8TH AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL 34973	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUTLER, GEORGE H.	
STREET ADDRESS	P.O. BOX 1757 N/A	
CITY-ST-ZIP	RUTHERFORD NC 28139	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, FRANKIE Z.	
STREET ADDRESS	2209 SE 8th Avenue	
CITY-ST-ZIP	Okeechobee, FL 34973	
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 Frankie Z. Pearson DATE 3-20-00 DAYTIME PHONE # 863-763-4453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)