

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 438929

1. Entity Name
DIXIELAND, INC.

Principal Place of Business
720 LAKE BLUE DRIVE
LAKE PLACID FL 33852

Mailing Address
720 LAKE BLUE DRIVE
LAKE PLACID FL 33852

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 NOT APPLICABLE

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

FLETCHER, WILLIAM B
906 SE LAKEVIEW DR
SUITE 1
SEBRING FL 33870

Name James E. Tompkins
Street Address (P.O. Box Number is Not Acceptable)
107 E Interlake Blvd.
City Lake Placid FL Zip Code 33852

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 type="checkbox"/> Delete
NAME	STEPHENS, O.J.	
STREET ADDRESS	720 LAKE BLUE DR.	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STEPHENS, ALICE T	
STREET ADDRESS	720 LAKE BLUE DR	
CITY-ST-ZIP	LAKE PLACID, FL 00000	
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		<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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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)(f), 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:

O.J. Stephens REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-01

Date

Daytime Phone #

FILED
Aug 16, 2001 8:00 am
Secretary of State

07-24-2001 90028 012 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

Attachment

Doc # 438929

11481

July 19, 2001

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Fl. 32302-1500

Gentlemen:

In accordance with our telephone conversation with your office, enclosed please find my check in the amount of \$150.00.

As we did not receive your first notice, we were not aware of the fee being due.

Sincerely,

Dixieland, Inc.

O. J. Stephens
O. J. Stephens

P.S. Just for your information and file, we have been paying this fee each year since 1973 and I am now 92 years old.