

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 520399

1. Entity Name

HIGH CHAPARRAL OF FLORIDA, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90280 038 ***150.00

Principal Place of Business

Mailing Address

NE 226 AVE RD
MCCOY FL 32134

13049 NE 226 AVE RD
FT MCCOY FL 32134-5881
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1058 Sylacauga

Goodwater, AL

35072

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1707040

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

Name

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

City

FL

Zip Code

GRAVES, KATHOISE M
13049 NE 226 AVE RD
FT MCCOY FL 32134

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 PT ☐ Delete
NAME GRAVES, KATHOISE M
STREET ADDRESS 13049 NE 226 AVE RD
CITY-ST-ZIP FT MCCOY FL

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

TITLE VSS ☐ Delete
NAME SAXON, JOHN R
STREET ADDRESS 13049 NE 226 AVE RD
CITY-ST-ZIP FT MCCOY FL

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

TITLE D- ☐ Delete
NAME HAWKINS, GAY
STREET ADDRESS 13049 NE 226 AVE RD
CITY-ST-ZIP FT MCCOY FL

TITLE VICE PRES / TREAS ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SAXON, BOBBIE
STREET ADDRESS 13049 NE 226 AVE RD
CITY-ST-ZIP FT MCCOY FL

TITLE SEC'Y. ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Gay Hawkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000

1-256-839-6602

GAY HAWKINS

Date

Daytime Phone #

CR2E034 (9/99)