

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 639284

1. Entity Name

S.G. WEST & SONS, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90034 025 \*\*\*150.00

Principal Place of Business

Mailing Address

P O BOX 3827  
1925 N MONROE ST  
TALLAHASSEE FL 32315-027  
US

~~2080 DELTA WAY~~  
~~TALLAHASSEE FL 32303-4220~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

618 Saranell Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lawrenceville Georgia

Zip

Country

Zip

Country

30043

USA

4. FEI Number

59-1950571

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

FREEMAN-REES, SARAH L  
2080 DELTA WAY  
TALLAHASSEE FL 32303

Name

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

618 Saranell Ct

City

Lawrenceville

GA FL

Zip Code

30043

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

Sarah Lynn Freeman-Rees

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/31/00

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 PVP ☐ Delete  
NAME FREEMAN-REES, SARAH L  
STREET ADDRESS 618 SARANELL COURT  
CITY-ST-ZIP LAWRENCEVILLE GA 30043

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

TITLE ST ☒ Delete  
NAME POSEY, PAUL A  
STREET ADDRESS 2080 DELTA WAY  
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE VP ☐ Delete  
NAME WORTMAN, LESLIE F  
STREET ADDRESS 5 CHACHAPACASSET RD  
CITY-ST-ZIP BARRINGTON RI 02806

TITLE PVP ☒ 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

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)(l), 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:

Sarah Lynn Freeman-Rees

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SARAH LYNN FREEMAN-REES 3/31/00/962 787

CR2E034 (9/99)