

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 642403

1. Entity Name

BUCCANEER PROPERTIES, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90114 039 ***158.75

Principal Place of Business

Mailing Address

DEPARTMENT 1099-
THOMASVILLE GA 31799

DEPARTMENT 1099-
THOMASVILLE GA 31799

910162

2. Principal Place of Business

DEPARTMENT 5993

3. Mailing Address

DEPARTMENT 5993

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

THOMASVILLE GEORGIA

City & State

THOMASVILLE GEORGIA

4. FEI Number

59-2596426

Applied For

Not Applicable

Zip

Country

31758-5993 USA

Zip

31758-5993

Country

USA

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIBSON, CASH
1700 CROWDER ROAD
TALLAHASSEE FL 32305

7. Name and Address of New Registered Agent

Name

RICHARD A. FELDMAN ESQUIRE

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

1711 NORTHINGTON ROAD
SUITE 106

City

WEST PALM BEACH

FL

Zip Code 33409

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

RICHARD A. FELDMAN

Richard A. Feldman

01-25-2000

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MD GIBSON, CASH DEPARTMENT 1993 THOMASVILLE GA 31799 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D GENTER, E C DEPARTMENT 1993 THOMASVILLE GA 31799 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
P/C/GENTER E.C. GENTER DEPARTMENT 5993 THOMASVILLE, GEORGIA 31758-5993 ☐ Change ☒ Addition

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

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

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

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

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

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:

E.C. GENTER E.C. GENTER

01-25-2000

912-226-6211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #