

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 677665

1. Entity Name

COMMUNITY LP GAS COMPANY

Principal Place of Business

Mailing Address

9550 PENSACOLA BLVD.
C/O HAMPTON E. SASSER, SR.
PENSACOLA FL 32534-1238

9550 PENSACOLA BLVD.
C/O HAMPTON E. SASSER, SR.
PENSACOLA FL 32534-1238

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2012582

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SASSER, HAMPTON E., SR.
9550 PENSACOLA BLVD.
PENSACOLA FL 32534

Name

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

City

FL

Zip Code

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	P	<input type="checkbox"/> Delete
NAME	SASSER, HAMPTON E., SR.	
STREET ADDRESS	9550 PENSACOLA BLVD.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SASSER, NELL F.	
STREET ADDRESS	4530 DEERFIELD ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SASSER, RICHARD M	
STREET ADDRESS	435 WEEPING WILLOW	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE	SRV	<input type="checkbox"/> Delete
NAME	SASSER, H E, JR	
STREET ADDRESS	1031 OAKVIEW DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PEACOCK, MARY S	
STREET ADDRESS	5115 BELLVIEW AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-00

Date

850-477-4733

Daytime Phone #

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90083 026 ***150.00

00010925



DO NOT WRITE IN THIS SPACE