

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731210

1. Entity Name

THE DEFUNIAK SPRINGS BUSINESS AND PROFESSIONAL A

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90084 017 \*\*\*\*70.00

Principal Place of Business

Mailing Address

BALDWIN AVENUE  
DEFUNIAK SPRINGS FL 32433

P.O. BOX 219  
DEFUNIAK SPRINGS FL 32435-0219

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7410704

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

DAVIS, SUSAN  
694 BALWIN AVE STE1  
DEFUNIAK SPRINGS FL 32433

Name **Ro Neale, Robert A.**

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

**46 S. 8th St.**

City **DeFunick Springs**

**FL**

Zip Code **32433**

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

**3/20/00**

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete  
NAME **MAYFIELD, ELLEN**  
STREET ADDRESS **57 BRUCE AVENUE**  
CITY-ST-ZIP **DEFUNIAK SPRGS FL**

TITLE **DVP** ☒ Delete  
NAME **PERMENTER, CINDY**  
STREET ADDRESS **401 W. NELSON AVE**  
CITY-ST-ZIP **DEFUNIAK SPRGS FL**

TITLE **DS** ☒ Delete  
NAME **SHAW, MYRA**  
STREET ADDRESS **1226 REEPORT ROAD**  
CITY-ST-ZIP **DEFUNIAK SPRGS FL**

TITLE **DT** ☒ Delete  
NAME **DAVIS, SUSAN**  
STREET ADDRESS **515 FLORENCE DRIVE**  
CITY-ST-ZIP **DEFUNIAK SPRGS FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DP** ☒ Change ☒ Addition  
NAME **Permenter, Cindy**  
STREET ADDRESS **226 W Spruce St**  
CITY-ST-ZIP **Defuniak Spgs FL 32433**

TITLE **DVP** ☐ Change ☒ Addition  
NAME **Butts, Karen**  
STREET ADDRESS **730 Circle Drive**  
CITY-ST-ZIP **Defuniak Springs, FL 32433**

TITLE **DS** ☐ Change ☒ Addition  
NAME **Caswell, Peggy**  
STREET ADDRESS **171 Dogwood**  
CITY-ST-ZIP **DeFunick Springs, FL 32433**

TITLE **DT** ☐ Change ☒ Addition  
NAME **Neale, Robert A.**  
STREET ADDRESS **46 S. 8th St.**  
CITY-ST-ZIP **Defuniak Spgs, FL 32433**

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/00**

**(850) 892-5423**

Date

Daytime Phone #

CR2E037 (9/99)