

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State
 01-26-2000 90130 031 ****61.25

DOCUMENT # 742945

1. Entity Name

THE CENTRE, INC.

Principal Place of Business

Mailing Address

62 ROBERTS MT. ROAD
 FABER VA 22938
 US

62 ROBERTS MT. ROAD
 FABER VA 22938
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1824173

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

STANLEY, BENJAMIN
507 CHARLES PLACE
BRANDON FL 33511

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

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

TITLE ☐ Delete
 NAME **DPC**
 STREET ADDRESS **MONROE, LAURIE A.**
 CITY-ST-ZIP **57 WOODPECKER WAY**
AFTON VA

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **SHREVES, JEANNE**
 CITY-ST-ZIP **203 PERRY LANE**
LOVINGSTON VA

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **MILLER, DARLENE**
 CITY-ST-ZIP **57 WOODPECKER WAY**
AFTON VA

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MONROE, EMMETT**
 CITY-ST-ZIP **3041 OAKRIDGE DR.**
CUYAHOGA FALLS OH

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **HONEYCUTT, A.J.**
 CITY-ST-ZIP **62 ROBERTS MOUNTAIN RD**
FABER VA 22938

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **BOLES, MIKE**
 CITY-ST-ZIP **POB 583**
NELLYSFORD VA 22958

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

1/14/00

804/361-1500

Date

Daytime Phone #