

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F89150

1. Entity Name

MAGNUM INVESTMENTS OF TALLAHASSEE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90411 009 ***150.00

Principal Place of Business

4412 W PENSACOLA
TALLAHASSEE FL 32304

Mailing Address

PO BOX 2200
TALL FL 32316-2200
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2202706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKENZIE, T L
4412 W PENSACOLA
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

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

TITLE PD
NAME MCKENZIE, T L
STREET ADDRESS 4412 W PENSACOLA
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE VAS
NAME MCKENZIE, LYNN
STREET ADDRESS 4412 W PENSACOLA ST
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE VSTT
NAME PANEBIANCO, THOMAS F.
STREET ADDRESS 4412 W. PENSACOLA ST.
CITY-ST-ZIP TALLAHASSEE FL ☒ 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 ☐ Change ☐ Addition

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

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

TITLE Vice-President
NAME Peggy L. McKenzie
STREET ADDRESS 4412 West Pensacola Street
CITY-ST-ZIP Tallahassee, FL 32304 ☐ 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:

T. L. McKenzie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
Date

850-575-0669
Daytime Phone #

CR2E034 (9/99)