

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001461

1. Entity Name

GERALD DAVID ORR CONTRACTING, INC.

FILED

Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90030 049 ***150.00

Principal Place of Business

Mailing Address

BOX 406
CO RD 516
ENGLEWOOD TN 37329

PO BOX 927
ENGLEWOOD TN 37329-0927

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 56-1686598

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

BUTTERS, PAULA
2004 N. KENANSVILLE RD.
KENANSVILLE FL 34739

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 ☐ Delete
NAME ORR, GERALD D
STREET ADDRESS PO BOX 927
CITY-ST-ZIP ENGLEWOOD TN 37329

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

TITLE COV ☐ Delete
NAME ORR, KEVIN
STREET ADDRESS PO BOX 927
CITY-ST-ZIP ENGLEWOOD TN 37329

TITLE Vice President ☒ Change ☐ Addition
NAME Orr Kevin
STREET ADDRESS P.O. Box 927
CITY-ST-ZIP Englewood, TN 37329

TITLE S ☐ Delete
NAME CARVER, IRENE C
STREET ADDRESS PO BOX 927
CITY-ST-ZIP ENGLEWOOD TN 37329

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

TITLE ☒ Delete
NAME RUSSELL, BURCH
STREET ADDRESS BOX 465, 509 KALE AVE
CITY-ST-ZIP ENGLEWOOD TN 37329

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

TITLE COV ☐ Delete
NAME CARVER, JAMES J III
STREET ADDRESS PO BOX 399
CITY-ST-ZIP ROBBINSVILLE NC 28771

TITLE Treasurer ☒ Change ☐ Addition
NAME Carver, James J III
STREET ADDRESS P.O. Box 399
CITY-ST-ZIP Robbinsville, NC 28771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary ☐ Change ☒ Addition
NAME Walker Donna
STREET ADDRESS 312 Sharp Rd.
CITY-ST-ZIP Athens, TN 37303

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

Date

Daytime Phone #

(423) 263-4365