

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90082 050 \*\*\*\*61.25

**DOCUMENT # F98000004023**

1. Entity Name

**PLENTY INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 394, 156 DRAKES LANE  
 SUMMERTOWN TN 38483

P.O. BOX 394, 156 DRAKES LANE  
 SUMMERTOWN TN 38483-0394

2. Principal Place of Business

**25031 SW DA Court**  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Princeton FL**

City & State

4. FEI Number

**23-7432298**

Applied For

Not Applied

Zip

**33032**

Country

**USA**

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

**MCLINTOCK, PATRICIA**  
**25031 S.W. 129TH CT**  
**PRINCETON FL 33032**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WARTINGER, LISA</b>	
STREET ADDRESS	<b>22 HARPER CANYON ROAD</b>	
CITY-ST-ZIP	<b>SALINAS CA 93908</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>NELSON, CAROL</b>	
STREET ADDRESS	<b>107 THE FARM</b>	
CITY-ST-ZIP	<b>SUMMERTOWN TN 38483</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>FLAHERTY, KAREN</b>	
STREET ADDRESS	<b>1136 AZALEA DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>SCHOENBURN, RICHARD</b>	
STREET ADDRESS	<b>5239 DOUGLAS LANE</b>	
CITY-ST-ZIP	<b>SEBASTOPOL CA 95472-2108</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAREN, CHUCK</b>	
STREET ADDRESS	<b>216-A WEST WILLIAM CANNON</b>	
CITY-ST-ZIP	<b>AUSTIN TX 78745</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KEATING, JEFFREY</b>	
STREET ADDRESS	<b>8952 SW 52ND ST.</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33328-5102</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>Director Miami Chapter</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	<b>Patricia McClintock</b>	
STREET ADDRESS	<b>25031 SW 129th Ct</b>	
CITY-ST-ZIP	<b>Princeton FL 33032</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Patricia McClintock* DIRECTOR Patricia McClintock 4/29/00 805 2503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #