

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000452

1. Entity Name

CARCHI RESOURCES, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90060 024 ***150.00

Principal Place of Business

Mailing Address

3068 NORTH CAVES VALLEY PATH
LECANTO FL 34461

3068 NORTH CAVES VALLEY PATH
LECANTO FL 34474-5802

2. Principal Place of Business

303 S.E. 17TH ST.

Suite, Apt. #, etc.

307

3. Mailing Address

303 S.E. 17TH ST.

Suite, Apt. #, etc.

307

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

88-0397791

Applied For

Not Applicable

Zip

34471

Country

MARION

Zip

34471

Country

MARION

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

LEEK, JAY W

3068 NORTH CAVES VALLEY PATH
LECANTO FL 34461

Name

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

3095 S.W. 53rd St.

City

OCALA

FL

Zip Code

34474

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

1-10-2000

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 PCD
NAME LEEK, JAY W
STREET ADDRESS 3068 NORTH CAVES VALLEY PATH
CITY-ST-ZIP LECANTO FL 34461 ☐ Delete

TITLE **ADD**
NAME LEEK, JAY W ☒ Change ☐ Addition
STREET ADDRESS 3095 S.W. 53rd St
CITY-ST-ZIP Ocala, FL 34474

TITLE VSTD
NAME LEEK, GENEVA A
STREET ADDRESS 3068 NORTH CAVES VALLEY PATH
CITY-ST-ZIP LECANTO FL 34461 ☐ Delete

TITLE VSTD
NAME LEEK, GENEVA A ☒ Change ☐ Addition
STREET ADDRESS 3095 S.W. 53rd St.
CITY-ST-ZIP Ocala, FL 34474

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE **D**
NAME LEEK, Roderick T ☐ Change ☒ Addition
STREET ADDRESS 4510 S.W. 46TH ST
CITY-ST-ZIP Ocala, FL 34474

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-2000

CR2E034 (9/99)