

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G33823

1. Entity Name

BENNET PROPERTY MANAGEMENT SERVICES, INC.

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90040 043 ***550.00

Principal Place of Business

RT. 2 BOX 541
PO BOX 140
MICANOPY FL 32667

Mailing Address

P O BOX 3294
OCALA FL 34478
US

2. Principal Place of Business

50 CHINICA DR. SE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SUMMERFIELD, FL

City & State

Suite, Apt. #, etc.

Zip

34491

Country

Zip

Country

4. FEI Number

59-2277079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UNDERWOOD, DE
RT 2 BOX 541
MICANOPY FL 32667

7. Name and Address of New Registered Agent

Name

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

50 CHINICA DRIVE SE

City

SUMMERFIELD

FL

Zip Code

34491

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME DP
STREET ADDRESS BENNET, THOMAS W
CITY-ST-ZIP HC32 BOX 8
CALAIS VT 05648

TITLE ☐ Delete
NAME DS
STREET ADDRESS UNDERWOOD, LUTHER D III
CITY-ST-ZIP RT. 2 BOX 541
MICANOPY FL 32667

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 50 CHINICA DRIVE SE.
CITY-ST-ZIP SUMMERFIELD FL 34491

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

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

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

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

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

THOMAS
W. BENNET
DPR

Date

7-17-00

Daytime Phone #

802-229-4020

CR2E034 (5/00)