

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90002 002 ***150.00

DOCUMENT # G76589

1. Entity Name
YAC, INC.

Principal Place of Business
1417 E. CONCORD ST., STE. 101
ORLANDO FL 32803

Mailing Address
1417 E. CONCORD ST., STE. 101
ORLANDO FL 32803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2232802

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

ADAMS, GEORGE E.
1417 E. CONCORD ST., STE. 101
ORLANDO FL 32803

Name Larry D. HALL
Street Address (P.O. Box Number is Not Acceptable)
1417 E. Concord Street
City Orlando FL Zip Code 32803

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 Larry D. HALL

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 2-15-01

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, 2001 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	V	<input type="checkbox"/> Delete
NAME	HILL, G. BRUCE	
STREET ADDRESS	1417 E. CONCORD ST., #101	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HALL, LARRY D	
STREET ADDRESS	1417 E CONCORD ST 101	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	COB, CFO, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	G. Bruce Hill	
STREET ADDRESS	same address	
CITY-ST-ZIP		
TITLE	P, COO, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry D. Hall	
STREET ADDRESS	same address	
CITY-ST-ZIP		
TITLE	J, V, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janet W. Adams	
STREET ADDRESS	1417 E. Concord St.	
CITY-ST-ZIP	Orlando, FL, 32803	
TITLE	S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matthew P. Bartolomei	
STREET ADDRESS	1417 E. Concord St.	
CITY-ST-ZIP	Orl. FL. 32803	
TITLE	2 V, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas L. Schieffelin	
STREET ADDRESS	1417 E. Concord St	
CITY-ST-ZIP	Orlando, FL. 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Larry D. HALL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2-15-01

DAYTIME PHONE # 407-896-0425

CR2E034 (10/00)