

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H73072

1. Entity Name

LEE DRAWDY AND COMPANY, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90066 012 ***150.00

Principal Place of Business

Mailing Address

772 FOXRIDGE CENTER DRIVE
STE 138
ORANGE PARK FL 32073
US

P O BOX 1986
P. O. BOX 1986
ORANGE PARK FL 32067-1986
US

A0004389



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

786 BLANDING BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 116

City & State

City & State

ORANGE PARK FL

Zip

Country

Zip

Country

32073

CLAY

4. FEI Number 59-2569839

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

HAYDEN, CALVIN E.
700 SOUTHEAST BANK BLDG.
1200 GULF LIFE DR.
JACKSONVILLE FL 32207

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 V
NAME DRAWDY, R. LEE
STREET ADDRESS 2935 DOCTORS LAKE DRIVE
CITY-ST-ZIP ORANGE PARK FL ☐ Delete

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

TITLE P
NAME DRAWDY, R. SCOTT
STREET ADDRESS 2937 DOCTORS LAKE DRIVE
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

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

TITLE ST
NAME DRAWDY, KELLEY E
STREET ADDRESS 2937 DOCTORS LAKE DRIVE
CITY-ST-ZIP ORANGE PK FL 32073 ☒ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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

Date

Daytime Phone #

RECEIVED REQUIRED. SCOTT DRAWDY 1/3/00 904-276-7665