

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H82014

1. Entity Name

MIKE KAVANAUGH, INC.

FILED

Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90001 037 \*\*\*150.00

Principal Place of Business

Mailing Address

~~5610 MACY AVE.~~  
~~JACKSONVILLE FL 32211~~

P.O. BOX 350610  
JACKSONVILLE FL 32235-0610  
US

2. Principal Place of Business

3. Mailing Address

1433-4 Rortney ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
JAX, FLA.

City & State

Zip  
32211

County  
D.S.A.

Zip

Country

4. FEI Number 59-2592316

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

KAVANAUGH, MIKE  
~~5610 MACY AVE.~~  
JACKSONVILLE FL 32211

1433-4 Rortney ST.

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
KAVANAUGH, MIKE  
~~5610 MACY AVE.~~ 1433-4 Rortney ST.  
JACKSONVILLE FL 32211

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
KAVANAUGH, THOMAS  
~~8480 GRAYING DR.~~ 1397 CADDILLAC DR.  
JACKSONVILLE FL 32217

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rec. 1/4/99 904745 1211