

2000 UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # H82986

1. Entity Name
Old Hickory's Town, Inc.

Principal Place of Business Mailing Address
7817 Springtime Lane

Jacksonville, FL
32221-7646

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2589765

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75

Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Suzanne Teate
3751 Montclair Drive
Jacksonville, FL 32217

7. Name and Address of New Registered Agent

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

TITLE Director
NAME James R. Ward
STREET ADDRESS 7817 Springtime Lane
CITY - ST - ZIP Jacksonville, FL 32221

☐ Delete

TITLE Director and Secretary
NAME George J. Ellis
STREET ADDRESS 3831 McGirts Blvd
CITY - ST - ZIP Jacksonville, FL

☐ Delete

TITLE President
NAME Suzanne Teate
STREET ADDRESS 3751 Montclair Avenue
CITY - ST - ZIP Jacksonville, FL 32217

☐ Delete

TITLE Vice Pres and Treasurer
NAME Mary R. Polston
STREET ADDRESS 4256 San Juan Avenue
CITY - ST - ZIP Jacksonville, FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

400005554174

-05/16/02--01018--01

*****150.00 *****150.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: *James Robert Ward*

April 9, 2002 904-781-8096

CR 003 (899) 18