

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H95282

1. Entity Name

FALCON INVESTMENTS, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90033 017 \*\*\*150.00

Principal Place of Business

100 EAST MAIN ST  
LAKELAND FL 33802

Mailing Address

P.O. BOX 24628  
LAKELAND FL 33802-4628

2. Principal Place of Business

3. Mailing Address

500 SOUTH FLORIDA AVE

PO BOX 3545

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

LAKELAND FL

LAKELAND FL

Zip

Country

Zip

Country

33801

USA

33802

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2633859

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

MUNSON, PETER J.

100 EAST MAIN ST  
LAKELAND FL 33802

Name

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

500 SOUTH FLORIDA AVE

Suite 200

City

LAKELAND

FL

Zip Code

33801

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  
CDV  
YANCEY, QUILLIAN S.  
1625 KING JAMES COURT  
LAKELAND FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
MUNSON, PETER J.  
1701 S. FLORIDA AVE.  
LAKELAND FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
YANCEY, JAMES A.  
3 CACA LOMA WAY  
LAKELAND FL 33813 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
500 SOUTH FLORIDA AVE - Suite 200  
LAKELAND, FL 33801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
2167 MALACHITE DR  
LAKELAND, FL 33810

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

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

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

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

Peter J. Munson  
PRESIDENT

Date

Daytime Phone #

3/10/00

863-682-1178

CR2E034 (9/99)