

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J02862

1. Entity Name

WAYNE YARBOROUGH ENTERPRISES, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90023 026 ***150.00

Principal Place of Business

Mailing Address

EDDY LANE
MACCLENNY FL 32063
US

RT 2
BOX 216-1
MACCLENNY FL 32063-9511
US

2. Principal Place of Business

TRA BURNSED LANE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Macclenny, FL

City & State

Zip

32063

Country

US

Country

4. FEI Number

59-2755908

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YARBOROUGH, BETTIE
EDDY LANE
MACCLENNY FL 32063

7. Name and Address of New Registered Agent

Name

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

TRA BURNSED LANE

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

Bettie V. Yarbrough

4-12-00

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

(Not 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	D	<input type="checkbox"/> Delete
NAME	YARBOROUGH, F. WAYNE	
STREET ADDRESS	EDDY LANE	
CITY-ST-ZIP	MACCLENNY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	YARBOROUGH, BETTIE V.	
STREET ADDRESS	EDDY LANE	
CITY-ST-ZIP	MACCLENNY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MALEY, ROY	
STREET ADDRESS	CR 23 D	
CITY-ST-ZIP	ST MARY 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRA BURNSED LANE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRA BURNSED LANE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Bettie V. Yarbrough

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00 9047586923

Date

Daytime Phone #

CR2E034 (9/99)