2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State
04-04-2000 90035 050 ***150.00

DOCUMENT # J10651

1. Entity Name

THE FLANAGAN COMPANIES, INC.

931701

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3939 S CONGRESS AVE SUITE 105 LAKE WORTH FL 33461 US	3939 S CONGRESS AVE SUITE 105 LAKE WORTH FL 33461-4119 US

2. Principal Place of Business	3. Mailing Address
4118 NW 69 ST Suite, Apt. #, etc.	4118 NW 69 ST Suite, Apt. #, etc.
City & State: Gainesville FL	City & State: Gainesville FL
Zip: 32606 Country: Alachua	Zip: 32606 Country: Alachua

4. FEI Number 59-2663317 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FLANAGAN, WM J J
3939 S CONGRESS AVE
#105
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

Name: Timothy S Flanagan
Street Address (P.O. Box Number is Not Acceptable): 4118 NW 69 ST
City: Gainesville **FL** Zip Code: 32606

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: _____ 4/3/2000
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	DV FLANAGAN, WM J 12240 60 ST N ROYAL PALM BCH FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST FLANAGAN, TIMOTHY J 4118 NW 69TH STREET GAINESVILLE FL 32606	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 — Date — Daytime Phone #