

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J68354

1. Entity Name

SEMINOLE INVESTMENTS OF CHIPLEY, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90096 012 ***150.00

Principal Place of Business

HARDEE'S OF CHIPLEY
1212 MAIN ST.
CHIPLEY FL 32428

Mailing Address

2105 S. WAUKESHA ST.
BONIFAY FL 32425

C0041039

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

992 Hwy 77 South

Suite, Apt. #, etc.

City & State

Chipley, FL

City & State

Zip

32425

Country

Washington

Zip

Country

4. FEI Number 59-2814360

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

MANUEL, JOHN F.
415 S. WAUKESHA STREET
BONIFAY FL 32425

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, 2001 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
DVP
MANUEL, JOHN F.
415 S WAUKESHA ST
BONIFAY FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
DURANT, DENNIS
RT 2 BOX 342-R
BONIFAY FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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

Date

Daytime Phone #

(850) 547-9303

0464655

CR2E034 (10/00)