

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L06272

1. Entity Name

BUCKEYE BUILDING AND COMPONENTS, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90019 010 ***550.00

Principal Place of Business

13434 MOHAWK ROAD
13434 MOHAWK ROAD
CLERMONT FL 34711
US

Mailing Address

C/O DOUG STUDER
13434 MOHAWK RD
CLERMONT FL 34711
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2959088**

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

SWEENEY, DON
BUCKEYE BUILDING
13434 MOHAWK RD.
CLERMONT FL FL 34711

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME **C**
STREET ADDRESS **LIEB, R. J**
CITY-ST-ZIP **2932 BRICE ROAD**
BRICE OH 43109

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **STUDER, DOUGLAS J**
CITY-ST-ZIP **13434 MOHAWK RD.**
CLERMONT FL

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **STUDER, DOUGLAS J**
CITY-ST-ZIP **13434 MOHAWK RD**
CLERMONT FL

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **SWEENEY, DON**
CITY-ST-ZIP **13434 MOHAWK RD**
CLERMONT FL

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **LIEB, NICK**
CITY-ST-ZIP **2932 BRICE ROAD**
BRICE OH 43109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME **T.**
STREET ADDRESS **Studer, Douglas J.**
CITY-ST-ZIP **423 Citrus Tower Blvd.**
Clermont FL 34711

TITLE ☐ Change ☐ Addition
NAME **S.**
STREET ADDRESS **Studer, Douglas J.**
CITY-ST-ZIP **423 Citrus Tower Blvd.**
Clermont FL 34711

TITLE ☐ Change ☐ Addition
NAME **P.**
STREET ADDRESS **Sweeney, Don**
CITY-ST-ZIP **423 Citrus Tower Blvd.**
Clermont FL 34711

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

TITLE ☐ Change ☐ 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
indicated on this report or supplemental report is true and accurate and that my signature shall have
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.

I certify that the information
at I am an officer or director

SIGNATURE:

Signature of Doug Studer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/00 352-394-0163
Date Daytime Phone #

CR2E034 (5/00)

Attachment
206272

A0076041

13434 Mohawk Rd,
has been changed to
423 Citrus Tower Blvd,
by the city of Clemont,
Florida.

(We have not moved but
the address has changed)