

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L36313

1. Entity Name

J. WILLIAM REEVES COMPANY, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90119 024 ***150.00

Principal Place of Business

Mailing Address

307 E LAKESHORE DR
TALLAHASSEE FL 32312
US

P.O. BOX 3927
TALLAHASSEE FL 32315-3927

2. Principal Place of Business

307 E. Lakeshore Dr.

3. Mailing Address

307 E. Lakeshore Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee FL

Zip

Country

Zip

Country

32312

LEON

4. FEI Number

59-2980045

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

VALENTINE, STEVEN S.
307 E LAKESHORE DR
TALLAHASSEE FL 32312

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

Steven S. Valentine

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

(NOTE: Registered Agent signature required when reinstating)

3/20/00

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 ☐ Delete
NAME PD
STREET ADDRESS VALENTINE, STEVEN SMITH
CITY-ST-ZIP 307 E LAKESHORE DR
TALL FL

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS ORD, NELL R.
CITY-ST-ZIP 3240 W. WESTMONTE DRIVE
FALLBROOK CA

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 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:

Steven S. Valentine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00 880-386-1880

Date

Daytime Phone #

CR2E034 (9/99)