

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L66051

1. Entity Name

SEMINOLE OIL COMPANY, INC.

FILED

Mar 30, 2000 8:00 am  
Secretary of State

03-30-2000 90017 050 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O BETTY FINCH  
4524 WOODLANDS DR  
NICEVILLE FL 32578  
US

C/O BETTY FINCH  
4524 WOODLANDS DR  
NICEVILLE FL 32578-4093  
US

2. Principal Place of Business

3. Mailing Address

36 Hickory St.  
Suite, Apt. #, etc.

36 Hickory St  
Suite, Apt. #, etc.

City & State

City & State

Freeport, FL

Freeport, FL

Zip

Country

Zip

Country

32439

Walton

32439

Walton

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINCH, BETTY J  
4524 WOODLANDS DR  
NICEVILLE FL 32578

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

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

Betty Finch  
(NOTE: Registered Agent signature required when reinstating)

3-27-00  
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 NAME STREET ADDRESS CITY-ST-ZIP	DVS FINCH, BETTY JEAN 4524 WOODLANDS DRIVE NICEVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINCH, BETTY JEAN 4524 WOODLANDS DRIVE NICEVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FINCH, LESLIE R. 4524 WOODLANDS DRIVE NICEVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Finch, Betty Jean 36 Hickory St Freeport, FL 32439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Finch, Betty Jean 36 Hickory St Freeport, FL 32439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Finch, Leslie R. 36 Hickory St Freeport, FL 32439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Betty Finch  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00  
Date

850-899-2558  
Daytime Phone #