2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L74892** 1. Entity Name ≶(غرة انظراء). 1. Entity Name FLORIDA PLANT EMPLOYEES SOCIAL CLUB, INCORPORATE Principal Place of Business Mailing Address % EUGENE F. SHAW EUGENE F. SHAW HWY 230 EAST. P.O. BOX 753 230 EAST. P.O. BOX 753 :=:::: FL 32091 STARKE FL 32091-0753 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Country

BOATWRIGHT, SHELBY

9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.

1005 POWELL ST.

PATRICK, NANCY

DOUGLAS, EVAN

P.O. BOX 753 N/A

RT. 2 BOX 2238

JONES, ESSIE M

GAINESVILLE FL

914 NE 7TH PLACE

BOATWRIGHT, SHELBY

RT. 1 BOX 435

LAWLEY FL

STARKE FL

STARKE FL

SD

TD

STARKE FL

RT. 2 BOX 2238 STARKE FL 32091

(See criteria on back)

SIGNATURE .

NAME CONTO

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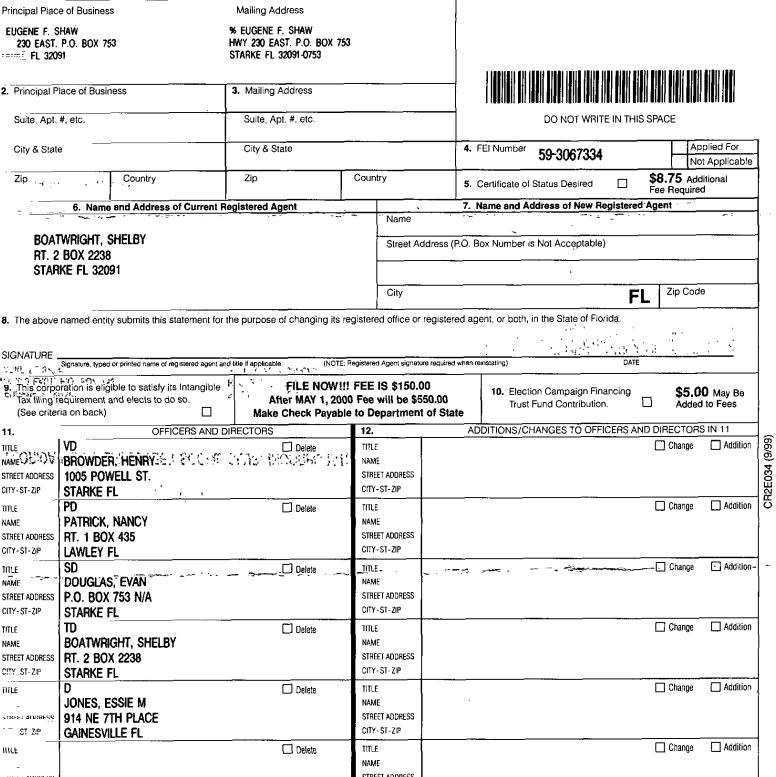
6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

BROWDER, HENRY SELECTION OF THE PROJUGATE FOR

FILED Jan 28, 2000 8:00 am Secretary of State

01-28-2000 90130 024 ***150.00



13. I hereby certify that the information supplied with this filling 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.

Country

FILE NOW!!! FEE IS \$150.00

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12.

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

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CITY-ST-ZIP

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CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

Name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR