

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91245 041 ***150.00

DOCUMENT # L74892

1. Entity Name
FLORIDA PLANT EMPLOYEES SOCIAL CLUB, INCORPORATE

551710



DO NOT WRITE IN THIS SPACE

Principal Place of Business
% EUGENE F. SHAW
HWY 230 EAST, P.O. BOX 753
STARKE FL 32091

Mailing Address
% EUGENE F. SHAW
HWY 230 EAST, P.O. BOX 753
STARKE FL 32091

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3067334**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

BOATWRIGHT, SHELBY
RT. 2 BOX 2238
STARKE FL 32091

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	VD	<input type="checkbox"/> Delete
NAME	BROWDER, HENRY	
STREET ADDRESS	1005 POWELL ST.	
CITY-ST-ZIP	STARKE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PATRICK, NANCY	
STREET ADDRESS	RT. 1 BOX 435	
CITY-ST-ZIP	LAWLEY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOUGLAS, EVAN	
STREET ADDRESS	P.O. BOX 753 N/A	
CITY-ST-ZIP	STARKE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOATWRIGHT, SHELBY	
STREET ADDRESS	RT. 2 BOX 2238	
CITY-ST-ZIP	STARKE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ESSIE M	
STREET ADDRESS	914 NE 7TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Shelby Boatwright Shelby Boatwright 5-1-01 904 964-1229
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)