

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L87087

1. Entity Name

TACCOR, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90145 042 ***150.00

701559



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1837 KEMPTON RD
CHARLESTON SC 29412
US

1837 KEMPTON RD
CHARLESTON SC 29412-2907
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 57-0971297

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

VAUGHEN, DANIEL R.
333 E. NEW YORK AVE
101 N. WOODLAND BLVD.
DELAND FL 32721

Name VAUGHEN, DANIEL R
Street Address (P.O. Box Number is Not Acceptable)
1485 PERIWINKLE DR.
City DELAND FL 32724

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, 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	DPST	<input type="checkbox"/> Delete
NAME	ORGAN, LESLIE W.	
STREET ADDRESS	1837 KEMPTON RD	
CITY-ST-ZIP	CHARLESTON SC 29412	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BRADHAM, GILBERT B.	
STREET ADDRESS	0529 HIGHWAY 17N	
CITY-ST-ZIP	MCCLELLANVILLE SC	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, ROBERT W.	
STREET ADDRESS	201 HUNTINGTON RD.	
CITY-ST-ZIP	GREENVILLE SC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	333 CONFEDERATE CIRCLE	
CITY-ST-ZIP	CHARLESTON, SC 29407	
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:

L.W. ORGAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/00 (843) 762-4174

CR2E034 (9/99)