

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93546

1. Entity Name

ENNIS ENTERPRISES, INC.

Principal Place of Business

1911 HWY 44 W  
INVERNESS FL 34453  
US

Mailing Address

8279 NORTH GIGNAC DRIVE  
HERNANDO FL 34442  
US

2. Principal Place of Business

3. Mailing Address

839 N. FOX RUN TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INVERNESS FL

Zip

Country

Zip

Country

34453

USA

6. Name and Address of Current Registered Agent

KOVACH, MICHAEL T  
106 N. OSCEOLA AVE  
INVERNESS FL 34450

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

TITLE DP  
NAME ENNIS, JR., C. HOWARD  
STREET ADDRESS 8279 NORTH GIGNAC DRIVE  
CITY-ST-ZIP HERNANDO FL ☐ Delete

TITLE DST  
NAME ENNIS, ZANA F.  
STREET ADDRESS 8279 NORTH GIGNAC DRIVE  
CITY-ST-ZIP HERNANDO FL ☐ Delete

TITLE DV  
NAME ENNIS, CLARK E.  
STREET ADDRESS 12021 W. GULF BREEZE CT.  
CITY-ST-ZIP CRYSTAL RIVER FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

Zana F. Ennis

ZANA F ENNIS

3/30/01

352-344-3366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90501 033 \*\*\*150.00

00042118



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3027847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (10/00)

0549372