

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M69235

1. Entity Name

GLEN ESTE CORPORATION

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90075 048 ***150.00

Principal Place of Business

1300 US 27 NORTH
 HAINES CITY FL 33844
 US

Mailing Address

616 PENINSULAR DR
 HAINES CITY FL 33844-5828
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2893180

Applied For

Not Applicable

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

REINEKE, JOHN S.
 405 HORSESHOE LN
 WINTER HAVEN FL 33881

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, 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 | P | <input type="checkbox"/> Delete |
| NAME | WEDDINGTON, TERRY A | |
| STREET ADDRESS | 57 B. MOORE RD | |
| CITY-ST-ZIP | HAINES CITY FL 33844 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | REINEKE, JOHN | |
| STREET ADDRESS | 1302 US HWY 27 N. | |
| CITY-ST-ZIP | HAINES CITY FL 33844 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | WEDDINGTON, SAM | |
| STREET ADDRESS | 57 B MOORE RD. | |
| CITY-ST-ZIP | HAINES CITY FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | REINEKE, JOHN SARGENT | |
| STREET ADDRESS | 1302 U S 27 NORTH | |
| CITY-ST-ZIP | HAINES CITY FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

Signature of John S. Reineke
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00

Date

(863) 299-8084

Daytime Phone #

CR2E034 (9/99)