

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M81792

1. Entity Name

SCOTT EBERT ENTERPRISES, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90079 042 ***150.00

Principal Place of Business

Mailing Address

% SCOTT EBERT
2100 SW PINE AVE.
OCALA FL 34474
US

% SCOTT EBERT
2100 SW PINE AVE.
OCALA FL 34474-5110
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2901736

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

EBERT, SCOTT
500 N.W. 15TH COURT
CRYSTAL RIVER FL 32629

Name

EBERT, SCOTT

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

500 MILLER CREEK RD.

City

CRYSTAL RIVER FL

Zip Code

32628

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 ☐ Delete
NAME EBERT, SCOTT
STREET ADDRESS 500 NW 15TH CT.
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE ☒ Change ☐ Addition
NAME *Street Name*
STREET ADDRESS 500 MILLER CREEK RD
CITY-ST-ZIP

TITLE S ☐ Delete
NAME EBERT, CATHERINE
STREET ADDRESS 500 NW 15TH CT.
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE ☒ Change ☐ Addition
NAME *Street Name*
STREET ADDRESS 500 MILLER CREEK RD
CITY-ST-ZIP

TITLE V ☐ Delete
NAME EBERT, SCOTT W. JR.
STREET ADDRESS 677 SE 19TH ST
CITY-ST-ZIP Ocala FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25004 (UBR)