

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90067 044 \*\*\*550.00

**DOCUMENT # M85145**

1. Entity Name

**BENETAL CORP.**

Principal Place of Business

Mailing Address

101 N. WOODLAND BLVD.  
 SUITE 2121  
 DELAND FL 32720  
 US

101 N. WOODLAND BLVD.  
 SUITE 2121  
 DELAND FL 32720-4245  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

~~101 N. Woodland Blvd~~  
 Suite, Apt. #, etc.  
 101 N. Woodland Blvd  
 SUITE 600

924 Village Green Rd  
 Suite, Apt. #, etc.  
 WELLS FL

City & State  
 Deland FL

City & State  
 FL 32720

4. FEI Number

59-2903362

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

BENNETT JR., CLYDE C.  
 101 N. WOODLAND BLVD.  
 SUITE 200  
 DELAND FL 32720

Name  
 BENNETT JR, CLYDE C.  
 Street Address (P.O. Box Number is Not Acceptable)  
 924 Village Green Rd  
 City  
 Deland FL Zip Code  
 32720

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

*Clyde C. Bennett*

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	DPT	<input type="checkbox"/> Delete
NAME	BENNETT, CLYDE C., JR.	
STREET ADDRESS	924 VILLAGE GREEN RD.	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYES, SHELDON W.	
STREET ADDRESS	103 COUNTRY CLUB DR.	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANNALS, GEORGE C.	
STREET ADDRESS	816 LIBERTY CT	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input type="checkbox"/> Delete
NAME	TITCOMB, ELLWOOD A.	
STREET ADDRESS	139 ASH DRIVE	
CITY-ST-ZIP	LAKE HELEN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, JAMES H	
STREET ADDRESS	924 VILLAGE GREEN RD	
CITY-ST-ZIP	DELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DJ. DANA FOGLE	
STREET ADDRESS	AS TRUSTEE	
CITY-ST-ZIP	212 E. PLYMOUTH AVE DELAND, FL 32721	
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:

*Clyde C. Bennett*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/12/00  
 Date

Daytime Phone #