

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01425

1. Entity Name

YE MYSTIC REVELLERS, INC.

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90023 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 94  
JACKSONVILLE FL 32201

P.O. BOX 94  
JACKSONVILLE FL 32201-0094

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

59-2373822

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

MICKLER, MARTIN J  
5512-2 PHILLIPS HWY  
JACKSONVILLE FL 32207

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

3/7/2000

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DS ☐ Delete  
NAME SHAABER, STEVEN A  
STREET ADDRESS 3649 RIVER HALL DR  
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE D/P ☒ Change ☐ Addition  
NAME Mickler, Martin J.  
STREET ADDRESS 5515-2 Phillips Hwy  
CITY-ST-ZIP Jacksonville FL 32207

TITLE DT ☐ Delete  
NAME DAVIS, RON R  
STREET ADDRESS 1783 HOLYFLOWER RD  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D/VP ☒ Change ☐ Addition  
NAME Pavelka, Robert F.  
STREET ADDRESS 4805 Princess Anne Lane  
CITY-ST-ZIP Jacksonville FL 32210

TITLE DP ☐ Delete  
NAME ARNOLD, J. ROBERTSON  
STREET ADDRESS 4665 LONG BOW RD  
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE D/VP ☒ Change ☐ Addition  
NAME Steeg, Robert S.  
STREET ADDRESS 4157 Baltic Street  
CITY-ST-ZIP Jacksonville FL 32210

TITLE DVP ☐ Delete  
NAME MICKLER, MARTIN J.  
STREET ADDRESS 5512-2 PHILLIPS HWY  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D/VP ☒ Change ☐ Addition  
NAME Shaaber, Steven A.  
STREET ADDRESS 3649 River Hall Drive  
CITY-ST-ZIP Jacksonville FL 32217

TITLE DVP ☐ Delete  
NAME PAVELKA, ROBERT F.  
STREET ADDRESS 4805 PRINCESS ANNE LN  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D/S ☒ Change ☐ Addition  
NAME Davis, Ron R.  
STREET ADDRESS 1783 Holly Flower Lane  
CITY-ST-ZIP Orange Park FL 32073

TITLE DVP ☐ Delete  
NAME STEEG, ROBERT S.  
STREET ADDRESS 4157 BAL TIC ST  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D/T ☒ Change ☐ Addition  
NAME Bassett, David, Jr.  
STREET ADDRESS 4675 Verona Avenue  
CITY-ST-ZIP Jacksonville FL 32210

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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**

Martin J. Mickler  
D/P & Resident Agent

(904)355-3675  
3/7/2000

Date

Daytime Phone #

CR2E037 (9/99)