

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27888

1. Entity Name

3309 PALMETTO, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90231 015 ****61.25

Principal Place of Business

Mailing Address

11415 PALMETTO
ALACHUA FL 32615
US

C/O ACTION REAORY
6110-B NW 1 PL
GAINESVILLE FL 32607-6019
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2904601

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOONE, JR S W
1330 NW 6TH ST
STE C
GAINESVILLE FL 32601

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

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 D ☐ Delete
NAME SCHULTE, TAMSIN
STREET ADDRESS 64 TURKEY CREEK
CITY-ST-ZIP ALACHUA FL

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

TITLE SD ☐ Delete
NAME CELLON, JEAN
STREET ADDRESS 80 TURKEY CREEK
CITY-ST-ZIP ALACHUA FL 32615

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

TITLE PD ☒ Delete
NAME FULKERSON, GARY
STREET ADDRESS 11419 PALMETTO DR
CITY-ST-ZIP ALACHUA FL 32615

TITLE D ☒ Change ☐ Addition
NAME BRYANT, BARBARA
STREET ADDRESS 11419 PALMETTO BLVD
CITY-ST-ZIP ALACHUA, FL 32615

TITLE TD ☐ Delete
NAME GREEN, MARTHA J
STREET ADDRESS 11413 PALMETTO BLVD.
CITY-ST-ZIP ALACHUA FL 32615

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Tamsin Schulte* (TAMSIN SCHULTE) 3/10/00 352-392-9250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)