

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34225

1. Entity Name

MAGNOLIA EDUCATIONAL & RECREATIONAL CENTER, INC.

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90006 032 \*\*\*\*70.00

Principal Place of Business

Mailing Address

5292 RICHBURG STREET  
MILTON FL 32583

P.O. BOX 4082  
MILTON FL 32572-4082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

Name

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

City

FL

Zip Code

HAMILTON, MURRAY  
208 BURBANK DRIVE  
MILTON FL 32570

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

*Murray Hamilton*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/00

**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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COBB, FRANKLIN	
STREET ADDRESS	825 JOHNSON RD	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICH, SYLVESTER	
STREET ADDRESS	5030 PERSIMMON HOLLOW RD	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANIELS, WILLIAM	
STREET ADDRESS	5720 FALCON DRIVE	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLS, LEON	
STREET ADDRESS	5417 CAMILLE GARDENS CIRCLE	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, GREG	
STREET ADDRESS	5606 PERSIMMON HOLLOW RD	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, TIM	
STREET ADDRESS	8154 JAMIE DR	
CITY-ST-ZIP	MILTON FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeremiah Flowers	
STREET ADDRESS	7567 HWY 90 E	
CITY-ST-ZIP	MILTON FL 32583	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jettie Levens	
STREET ADDRESS	HWY 90 E	
CITY-ST-ZIP	MILTON FL 32583	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Leon White	
STREET ADDRESS	1957 Jamie Dr	
CITY-ST-ZIP	MILTON FL 32583	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carl McCreary	
STREET ADDRESS	215 Queen St	
CITY-ST-ZIP	MILTON FL 32570	
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		

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: *Benjamin F. Walker* BENJAMIN F. WALKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-8-2000 Daytime Phone # 623-5