

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001408

1. Entity Name

M.A.D. DADS OF SUWANNEE COUNTY, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90018 033 \*\*\*\*61.25

Principal Place of Business

514 W LINCOLN AVE  
 LIVE OAK FL 32060  
 US

Mailing Address

P.O. BOX 524  
 LIVE OAK FL 32064-0524  
 US

2. Principal Place of Business

3. Mailing Address

705 6th ST

P.O. BOX 524

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LIVE OAK, FLA

City & State

LIVE OAK, FLA

4. FEI Number

59-3302319

Applied For

Not Applicable

Zip 32060 Country U.S.A. ~~SUWANNEE~~ 32064-0524 U.S.A.

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

PHILMORE, ALONZO  
 514 WEST LINCOLN AVE.  
 LIVE OAK FL 32060

Name

ALONZO PHILMORE

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

1215 W. 7th ST.

City

LIVE OAK

FL

Zip Code

32060

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 ALONZO PHILMORE, PRESIDENT

*Alonzo Philmore*

9/5/2000

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 PHILMPKE, LEE JR  
 STREET ADDRESS 1215 W 7TH ST  
 CITY-ST-ZIP LIVE OAK FL 32060

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

TITLE D ☐ Delete  
 NAME PERKINS, MAURICE  
 STREET ADDRESS 505 LAFAYETTE AVE  
 CITY-ST-ZIP LIVE OAK FL 32060

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

TITLE D ☐ Delete  
 NAME HENDERSON, RANDY  
 STREET ADDRESS 200 S MCK/OHIO AVE  
 CITY-ST-ZIP LIVE OAK FL 32060

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

TITLE D ☐ Delete  
 NAME SKIERSKI, SAM  
 STREET ADDRESS 1400 E. HOWARD ST.  
 CITY-ST-ZIP LIVE OAK FL 32060

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

TITLE D ☐ Delete  
 NAME PHILMORE, ARNOLD J  
 STREET ADDRESS RT-6 BOX 1124 619 6th ST, SW  
 CITY-ST-ZIP LIVE OAK FL 32060

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:

*Alonzo Philmore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/2000 (904) 362-6652

Date

Daytime Phone #

(CR2E037 (9/99))