

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90006 015 ****61.25

0007067

DOCUMENT # N95000001408

1. Entity Name

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

Principal Place of Business

Mailing Address

705 6TH ST
 LIVE OAK FL 32060
 US

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

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

59-3302319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

B0063586



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILMORE, ALONZO
1215 W 7th ST.
LIVE OAK FL 33060

Name **ALONZO PHILMORE**
 Street Address (P.O. Box Number is Not Acceptable)
1215 W. 7th ST
 City **LIVE OAK** FL Zip Code **33060**

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

ALONZO PHILMORE

8/27/01

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **PHILMPKE, LEE JR**
 CITY-ST-ZIP **1215 W 7TH ST**
LIVE OAK FL 32060

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

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

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

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

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

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

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PHILMORE, ARNOLD J**
 CITY-ST-ZIP **619 6TH ST SW**
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 another like empowered.

SIGNATURE:

Alonzo Philmore **ALONZO PHILMORE** **8/27/01** **(386) 755-9026 x100**

CR2037 (10/00)