2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002720 Sep 15, 2000 8:00 am Secretary of State NORTH FLORIDA SCREAMING EAGLES, INC. 09-15-2000 90008 036 ****61.25 Mailing Address Principal Place of Business **ROUTE 3 BOX 1172** ROUTE 3 BOX 1172 MACLENNY FL 32063 MACLENNY FL 32063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3511544 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ひとららし $I : \mathcal{W}^-$ Street Address (P.O. Box Number is Not Acceptable) JONES, BURL W 110 BRIARWOOD GLEN ST. MARY FL 32040 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 (NOTE: Registered Agent signature required when reinstating) Make Check Pavable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE TITLE □ Delete WILLIAMS, LLOYD M , I R NAME NAME STREET ADDRESS ROUTE 3 BOX 1172 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MACLENNY FL 32063 Delete ☐ Addition Change TITLE VD TITLE NORMAN NAME Jones, Burl W NAME RH3 BOX 1171 STREET ADDRESS 110 BRAIRWOOD STREET ADDRESS Maccienny H 32063 CITY-ST-ZIP CITY-ST-ZIP GLEN ST. MARY FL 32040 Change TITLE SDT ☐ Delete TITLE Addition NAME WILLIAMS, DEBBIE NAME STREET ADDRESS STREET ADDRESS **ROUTE 3 BOX 1172** CITY-ST-ZIP CITY-ST-ZIP MACLENNY FL 32063 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.