

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004365

1. Entity Name

PINE STREET C.O.G.I.C. INCORPORATED

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90110 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P O BOX 442  
STARKE FL 32091

P O BOX 442  
STARKE FL 32091-0442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-3365550**

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

CRUM, S OLIVER  
999 OLD LAWTEY RD  
STARKE FL 32091

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:**  
**FEES 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 **MERCER, DERRICK L SR**  
CITY-ST-ZIP **1715B SW 69TH WAY GAINESVILLE FL 32607**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **159 Herman Drive**  
CITY-ST-ZIP **Hawthorne, Fl 32640**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CRUM, SIM O**  
CITY-ST-ZIP **999 OLD LAWTEY RD STARKE FL 32091**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BRITT, JOSEPH**  
CITY-ST-ZIP **P O BOX 122 N/A LAWTEY FL 32058**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **WILLIAMS, MIRA L**  
CITY-ST-ZIP **1214 N KELLER ST STARKE FL 32091**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **COVINGTON, VIVIAN**  
CITY-ST-ZIP **1226 LARRY ST STARKE FL 32091**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **COVINGTON, CLARA M**  
CITY-ST-ZIP **1226 LARRY ST STARKE FL 32091**

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:

*Derrick Mercer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/27/00 (904) 964-8280

CR2E037 (9/99)