

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000925

1. Entity Name

ROSA BATIE 488, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90024 002 ****70.00

Principal Place of Business

RT. 1, BOX 193-E
LAKE CITY FL 32055

Mailing Address

RT. 1, BOX 193-E
LAKE CITY FL 32055-9721

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

Columbia

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, GLORIA
RT. 1, BOX 193-E
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name Same

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

Gloria White

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/00

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	DP	<input type="checkbox"/> Delete
NAME	WHITE, GLORIA	
STREET ADDRESS	RT. 1, BOX 193-E	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TAYLOR, FRANCIS	
STREET ADDRESS	P.O. BOX 2073 N/A	
CITY-ST-ZIP	LAKE CITY FL 32056-2073	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FENNELL, BORIE	
STREET ADDRESS	RT. 1, BOX 193-E	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JOHNSON, BLONDELL	
STREET ADDRESS	1203 KIMBERLY ROAD	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROUPE, FLORIDA	
STREET ADDRESS	P.O. BOX 1095	
CITY-ST-ZIP	LAKE CITY FL 32056-1095	
TITLE	DT	<input type="checkbox"/> Delete
NAME	TAYLOR WILLIAMS, KIMBERLY	
STREET ADDRESS	P.O. BOX 1095	
CITY-ST-ZIP	LAKE CITY FL 32056-1095	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

Gloria White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/00 904-755-2773