

2000 UNIFORM BUSINESS REPORT (UBR)

9/15/00-90006-041-\$61.25-\$61.25

DOCUMENT # N99000006301

1. Entity Name

LORNA DOONE COWBOYS AND HAWKS, INC.

FILED

00 SEP 28 PM 1:00

SECRETARY OF STATE
TAMPA, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1032 34TH ST.
ORLANDO FL 32805

Mailing Address

1032 34TH ST.
ORLANDO FL 32805

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3607800

Applied For

Not Applicable

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

MILLER, CHARLES
1032 34TH ST.
ORLANDO FL 32805

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

Charles Miller

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

(NOTE: Registered Agent signature required when reinstating)

9/07/00

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	P	<input type="checkbox"/> Delete
NAME	MCWHORTER, ALVIN	
STREET ADDRESS	1032 34TH ST.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCWHORTER, JESSIE	
STREET ADDRESS	1032 34TH ST.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCWHORTER, JEFFREY	
STREET ADDRESS	1032 34TH ST.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEE, JOANN	
STREET ADDRESS	1032 34TH ST.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, CHARLES	
STREET ADDRESS	1032 34TH ST.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, CAROLYN	
STREET ADDRESS	1032 34TH ST.	
CITY-ST-ZIP	ORLANDO FL 32805	

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

Charles Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/06/00 (407) 299-7363-WK

DATE

DAYTIME PHONE #

CR2E037 (1/00)