

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90054 037 \*\*\*150.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083112

1. Entity Name

TCLH PROPERTIES, INC.

Principal Place of Business

RT. 2 BOX 1570  
MAYO FL 32066

Mailing Address

RT. 2 BOX 1570  
MAYO FL 32066

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3670165

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, KEVIN R  
RT. 2 BOX 1570  
MAYO FL 32066

7. Name and Address of New Registered Agent

Name

Jackson, Lindsey D. and/or Heather C.

Street Address (P.O. Box Number is Not Acceptable)

US Hwy 27 South  
Rt 2 Box 529

City

Mayo

FL

Zip Code

32066

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

*Lindsey D. Jackson / Heather C. Jackson*

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

(NOTE: Registered Agent signature required when reinstating)

5/23/01

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

FILE NOW!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, KEVIN R	
STREET ADDRESS	RT. 2 BOX 1570	
CITY-ST-ZIP	MAYO FL 32066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres DPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lindsey D. Jackson	
STREET ADDRESS	Rt 2 Box 529	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	Heather C. Jackson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heather C. Jackson	
STREET ADDRESS	Rt 2 Box 529	
CITY-ST-ZIP	MAYO, FL 32066	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kevin R. Jackson*

SIGNATURE AND TITLES OF OFFICERS AND DIRECTORS

Date

Daytime Phone #

CR2E034 (10/00)