

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000012400

1. Entity Name

BEE LINE ENTERTAINMENT, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90013 031 ***150.00

Principal Place of Business

Mailing Address

401 E. SEMORAN BLVD.
CASSELBERRY FL 32707

200 NORTH THORNTON AVENUE
ORLANDO FL 32801-2164
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3170852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, RANDALL C ESQ.
200 NORTH THORNTON AVENUE
ORLANDO FL 32801

Name

DON BROWN, ESQ.

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

200 NORTH THORNTON AVE.

City

ORLANDO

FL

Zip Code

32801

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-----------------|----------------------|----------------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| D | VEIGLE, JAMES | 401 E. SEMORAN BLVD. | CASSELBERRY FL 32707 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | VEIGLE, CHARLES | 401 E. SEMORAN BLVD. | CASSELBERRY FL 32707 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| S | VOEGTLIN, NANCY | 401 E. SEMORAN BLVD. | CASSELBERRY FL 32707 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

Nancy Voegtlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/14/00

Daytime Phone #

407-767-2977

CR2E034 (9/99)