

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90052 042 ***150.00

DOCUMENT # P92000014507

1. Entity Name
DON BEGG REAL ESTATE, INC.

Principal Place of Business

**3220 BROAD ST
BROOKSVILLE FL 34609
US**

Mailing Address

**DON. BEGG REAL ESTATE INC
17713 LAKE CARLTON DR
LUTZ FL 33549
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14324 Wadsworth DR

Suite, Apt. #, etc.

Odessa

City & State

Odessa, FL

Zip

33556

Country

FL

3. Mailing Address

14324 Wadsworth DR

Suite, Apt. #, etc.

Odessa

City & State

Odessa, FL

Zip

33556

Country

FL

4. FEI Number **59-3172386**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEGG, WILLIAM D
17713 LAKE CARLTON DR
LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name

Begg, William D.

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

14324 Wadsworth DR.

City

Odessa

FL

Zip Code

33556

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 **William D. Begg**
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/01
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 | SD | <input type="checkbox"/> Delete |
| NAME | BEGG, BEATRICE | |
| STREET ADDRESS | 17713 LAKE CARLTON DRIVE | |
| CITY-ST-ZIP | LUTZ FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BEGG, WILLIAM D. | |
| STREET ADDRESS | 17713 LAKE CARLTON DRIVE | |
| CITY-ST-ZIP | LUTZ FL | |
| 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 | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Begg, Beatrice | |
| STREET ADDRESS | 14324 Wadsworth DR | |
| CITY-ST-ZIP | Odessa, FL 33556 | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Begg, William D. | |
| STREET ADDRESS | 14324 Wadsworth DR. | |
| CITY-ST-ZIP | Odessa, FL 33556 | |
| 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 | | |
| 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: **William D. Begg**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 **813.920-8767**
Date Daytime Phone #

CR2E034 (10/00)