

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000001480

1. Entity Name

CHUCK WAGON, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90078 015 \*\*\*150.00

Principal Place of Business

3483 SW WILLISTON RD.  
GAINESVILLE FL 32608  
US

Mailing Address

2100 SE 17TH ST., SUITE 300  
SUITE 300  
OCALA FL 34471-4155  
US

2. Principal Place of Business

3. Mailing Address

808 S.E. FORT KING ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
OCALA, FL

4. FEI Number 59-3160883

Applied For

Not Applicable

Zip

Country

Zip

34471

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, BEVERLY A  
2100 S.E. 17TH STREET  
SUITE 300  
OCALA FL 34478

7. Name and Address of New Registered Agent

Name ~~LAMBERT~~ MORRIS, BEVERLY A

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

808 SE FORT KING ST

City OCALA

FL

Zip Code 34471

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

*Beverly A. Morris*

4-6-00

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

TITLE PCD ☐ Delete  
NAME BARRON, RICHARD L  
STREET ADDRESS 3148 SE 95 ST  
CITY-ST-ZIP OCALA FL 34480

TITLE V ☐ Delete  
NAME BARRON, JANICE G.  
STREET ADDRESS 3148 SE 95 ST  
CITY-ST-ZIP OCALA FL 34480

TITLE ST ☐ Delete  
NAME MCGEE, JENNIFER L.  
STREET ADDRESS RT 1 BOX 484A  
CITY-ST-ZIP MICANOPY FL 32667

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2309 N.W. 244 ST  
CITY-ST-ZIP NEWBERRY, FL 32669

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

*Richard L. Barron* RICHARD L. BARRON

4/10/00

352-336-5677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)