

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000010597

1. Entity Name
YAWNDOROSA, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90067 012 ***150.00

Principal Place of Business

Mailing Address

5001 SIMON BROWN RD
GROVELAND FL 34736
US

P O BOX 190
MASCOTTE FL 34753-0190
US

2. Principal Place of Business

3. Mailing Address

815 Crown Point Cross Rd

P.O. Box 78-3185

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Garden, FL

City & State

Winter Garden, FL

Zip

34787

Country

USA

Zip

34778-3185

Country

USA

4. FEI Number

59-3159769

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

YAWN, ROYCE L
1601 FULLERS CROSS RD.
WINTER GARDEN FL 34787

Name

Royce L. Yawn

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

5001 Simon Brown Rd.

City

Groveland

FL

Zip Code

34736

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 Royce L. Yawn

4-19-00

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME YAWN, ROYCE L.
STREET ADDRESS 1601 FULLERS CROSS RD.
CITY-ST-ZIP WINTER GARDEN FL

TITLE President ☒ Change ☐ Addition
NAME Royce L. Yawn
STREET ADDRESS 5001 Simon Brown Rd
CITY-ST-ZIP Groveland, FL 34736

TITLE VP ☐ Delete
NAME Debra
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice Pres ☐ Change ☒ Addition
NAME Debra P. Yawn
STREET ADDRESS 5001 Simon Brown Rd.
CITY-ST-ZIP Groveland, FL 34736

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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:

Debra P. Yawn

Debra P. Yawn

Date

Daytime Phone #

CR2E034 (9/99)