

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056369

1. Entity Name

MAYBEN ENTERPRISES, INC.

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90350 046 \*\*\*150.00

Principal Place of Business

RT 5 BOX 1600  
PALATKA FL 32177  
US

Mailing Address

RT 5 BOX 1600  
PALATKA FL 32177  
US

0001000J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

816 State Rd 19 South  
Suite, Apt. #, etc.

3. Mailing Address

816 State Rd 19 South  
Suite, Apt. #, etc.

City & State

Palatka FL

City & State

Palatka FL

4. FEI Number

59-0196695

Applied For

Not Applicable

Zip

32177

Country

Putnam

Zip

32177

Country

Putnam

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, RONALD A  
708 N.W. 8TH AVE.  
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(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, 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 PD  
NAME MAYBEN, REBECCA A  
STREET ADDRESS 6219 WEST BLVD.  
CITY-ST-ZIP MELROSE FL 32666 ☐ Delete

TITLE DST  
NAME MAYBEN, BARBARA S  
STREET ADDRESS 7144 ZEPHYR LANE  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 ☐ Delete

TITLE D  
NAME MAYBEN, THOMAS L  
STREET ADDRESS 7144 ZEPHYR LANE  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 ☒ Delete

TITLE VP  
NAME MAYBEN, JR. T  
STREET ADDRESS 7144 ZEPHYR LANE  
CITY-ST-ZIP KEYSTONE HEIGHTS FL ☒ Delete

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  
CITY-ST-ZIP

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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:

*Rebecca A Mayben*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

Date

904 328-2711

Daytime Phone #

CR2E034 (10/00)