

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000059960

1. Entity Name

M & M ENTERPRISES OF LAKE CITY, INC.

FILED

Apr 03, 2000 8:00 am  
Secretary of State

04-03-2000 90196 006 \*\*\*150.00

Principal Place of Business

Mailing Address

2800 U.S. 90 WEST  
LAKE CITY FL 32055

2700 US 90 W  
LAKE CITY FL 32055-3118  
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

59-3194637

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

HOPKINS, JOHN S  
2700 US 90 W  
LAKE CITY FL 32055

Name

Hopkins, John S.

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

10011 NW 50th Terrace

City Gainesville

FL

Zip Code 32653

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)

3/29/00

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 TS ☒ Delete  
NAME JONES, MICHAEL H.  
STREET ADDRESS RT 3 BOX 87A N/A  
CITY-ST-ZIP JASPER FL

TITLE V ☒ Delete  
NAME JONES, MICHAEL H  
STREET ADDRESS ROUTE 3 BOX 87A  
CITY-ST-ZIP JASPER FL

TITLE P ☐ Delete  
NAME HOPKINS, JOHN S  
STREET ADDRESS 1647 NW 22 CR  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TS ☐ Change ☒ Addition  
NAME Alvarado, Abbigail S.  
STREET ADDRESS Rt 17 Box 1811  
CITY-ST-ZIP Lake City, FL 32055

TITLE V ☐ Change ☒ Addition  
NAME Waltrip, Gregory S.  
STREET ADDRESS Rt 15 Box 3092  
CITY-ST-ZIP Lake City, FL 32024

TITLE P ☒ Change ☐ Addition  
NAME Hopkins, John S.  
STREET ADDRESS 10011 NW 50th Terrace  
CITY-ST-ZIP Gainesville, FL 32653

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 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00

Date

(904) 752-5050

Daytime Phone #

CR20034 10/00