

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000064447

1. Entity Name

MITCH DAN, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90064 008 \*\*\*550.00

Principal Place of Business

Mailing Address

350 OLD BOSTON RD  
THOMASVILLE GA 31792  
US

PO BOX 976  
THOMASVILLE GA 31799-0976



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Thomasville GA

4. FEI Number 59-3216526

Applied For

Not Applicable

Zip

Country

Zip

Country

31758

US

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

PENNINGTON, CARL R JR  
3375-A CAPITAL CIRCLE NE  
TALLAHASSEE FL 32308

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

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  
NAME MITCHELL, LELA MCCARTY  
STREET ADDRESS RT 1 BOX 445  
CITY-ST-ZIP THOMASVILLE GA ☐ Delete

TITLE  
NAME John N. Daniel III ☒ Change ☐ Addition  
STREET ADDRESS 15187 US Hwy 84 E  
CITY-ST-ZIP Thomasville GA 31757

TITLE VP  
NAME DANIEL, JOHN N. III  
STREET ADDRESS RT 1 BOX 445  
CITY-ST-ZIP THOMASVILLE GA ☐ Delete

TITLE VP  
NAME Lela Mccarty Mitchell ☒ Change ☐ Addition  
STREET ADDRESS 1303A Eason Crossing Rd  
CITY-ST-ZIP Boston GA 31626

TITLE S  
NAME DURRANCE, PATRICIA B.  
STREET ADDRESS RT 1 BOX 286-A  
CITY-ST-ZIP THOMASVILLE GA ☐ Delete

TITLE  
NAME  
STREET ADDRESS 3055 Cone Rd  
CITY-ST-ZIP Thomasville GA 31757 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-00

Date

912-227-9789

Daytime Phone #