

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000088469**

1. Entity Name

SILVER RUN PROPERTIES, INC.**FILED**
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90052 020 ***150.00

Principal Place of Business

Mailing Address

2100 S.E. 17TH ST.
SUITE 300
OCALA FL 344712100 S.E. 17TH ST.
SUITE 300
OCALA FL 34471-4155**913731**

2. Principal Place of Business

1333 SE 25th Loop

3. Mailing Address

1333 SE 25th Loop

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

54-8646687

Applied For

Not Applicable

Zip

34471

Country

USA

Zip

34471

Country

USA5. 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

MCKEEVER, JOHN P
2100 S.E. 17TH ST.
SUITE 300
OCALA FL 34471

Name

McKeever, John P.

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

1333 SE 25th Loop, Suite 101

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

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 State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CAVANAUGH, THOMAS E
2100 S.E. 17TH ST STE. 300
OCALA FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
CAMPBALL, JOHN E
2100 SE 17TH ST STE.300
OCALA FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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

Date

Daytime Phone #

2/2/00 **352-401-0626**