

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021391

1. Entity Name

S.G.N.B., INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90111 004 ***150.00

Principal Place of Business

1507 SPRING LAKE DRIVE
ORLANDO FL 32804

Mailing Address

250 N ORANGE AVE
SUITE 1500
ORLANDO FL 32801-1818
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

59-3229732

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

DAY, JOHN H
1507 SPRING LAKE DRIVE
ORLANDO FL 32804

Name James W Reed
Street Address (P.O. Box Number is Not Acceptable)
250 N. ORANGE AVE
Suite 1500
City ORLANDO FL Zip Code 32801-1818

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 John H. Day

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/15/00
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 D ☐ Delete
NAME DAY, JOHN H
STREET ADDRESS 1507 SPRING LAKE DRIVE
CITY-ST-ZIP ORLANDO FL 32804

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

TITLE D ☐ Delete
NAME REED, JAMES W
STREET ADDRESS ~~6550 GIBSON DR.~~
CITY-ST-ZIP ~~ORLANDO FL 32809~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3054 PIGNATELLI CRESCENT
CITY-ST-ZIP MT. PLEASANT, S.C 29466

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
NAME
STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Delete
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:

James W Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00
Date

Daytime Phone #

CR2E034 (9/99)