2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90045 045 ***150.00

854400

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000025497

1. Entity Name
NBT, INC.

Principal Place of Business	Mailing Address
75 JANE DR. CRAWFORDVILLE FL 32327	P O BOX 597 CRAWFORDVILLE FL 32326-0597

2. Principal Place of Business	3. Mailing Address
153 JEAN Drive	P.O. Box 597
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crawfordville, FL	City & State: Crawfordville, FL
Zip: 32327 Country: Wakulla	Zip: 32326 Country: Wakulla

4. FEI Number 65-0488126 ☐ 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
EVANS, PATRICK C 75 JANE DR CRAWFORDVILLE FL 32327	Name: Evans, Patrick C. Street Address (P.O. Box Number is Not Acceptable): 153 JEAN DRIVE City: Crawfordville FL Zip Code: 32327

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	PD	☐ Delete	TITLE	PO	☒ Change ☐ Addition
NAME	EVANS, PATRICK C		NAME	EVANS, PATRICK C.	
STREET ADDRESS	75 JANE ST		STREET ADDRESS	153 JEAN DRIVE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	ST	☐ Delete	TITLE	ST	☒ Change ☐ Addition
NAME	EVANS, SHARI J		NAME	EVANS, SHARI J	
STREET ADDRESS	75 JANE ST		STREET ADDRESS	153 JEAN DRIVE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		CITY-ST-ZIP	Crawfordville, FL 32327	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Patrick C. Evans 4-11-00 850-926-2616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #