

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000026931

1. Entity Name

FASBAC ENTERPRISES, INC.

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

04-06-2000 90002 009 ***150.00

Principal Place of Business

2303 ORLEANS DR.
TALLAHASSEE FL 32308

Mailing Address

2303 ORLEANS DR.
TALLAHASSEE FL 32308-5928

2. Principal Place of Business

2961 Golden Eagle Dr

3. Mailing Address

2961 Golden Eagle Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3234694

Applied For

Not Applicable

Zip

Country

32312

Zip

Country

32312

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

KIRKLAND, AMY B
2303 ORLEANS DRIVE
TALLAHASSEE FL 32308

Name

Amy B. - Kirkland

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

2961 Golden Eagle Dr.

City

Tallahassee

FL

Zip Code

32312

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 ☐ Delete
NAME D
STREET ADDRESS KIRKLAND, THOMAS C
CITY-ST-ZIP 2303 ORLEANS DR
TALLAHASSEE FL

TITLE ☒ Change ☐ Addition
NAME 2961 Golden Eagle Dr
STREET ADDRESS Tallahassee FL 32312
CITY-ST-ZIP

TITLE ☐ Delete
NAME DPTS
STREET ADDRESS KIRKLAND, AMY B
CITY-ST-ZIP 2303 ORLEANS DRIVE
TALLAHASSEE FL

TITLE ☒ Change ☐ Addition
NAME 2961 Golden Eagle Dr.
STREET ADDRESS Tallahassee FL 32312
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/00

6715302

CR2E034 (9/99)