

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000080705

1. Entity Name

YATES SOD CORP.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90053 025 \*\*\*150.00

Principal Place of Business

Mailing Address

250 N. OAK DRIVE  
 KENANSVILLE FL 34739  
 US

P.O. BOX 127  
 KENANSVILLE FL 34739-0127  
 US

2. Principal Place of Business

1300 C. Yates Ln.  
 Suite, Apt. #, etc.

3. Mailing Address

same  
 as



DO NOT WRITE IN THIS SPACE

City & State

Kenansville, FL

City & State

Above

4. FEI Number

59-3277060

Applied For

Not Applicable

Zip

34739

Country

Osceola

Zip

Country

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

YATES, CALVIN  
 1300 C YATES LN  
 KENANSVILLE FL 34739

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	D	<input type="checkbox"/> Delete
NAME	YATES, CALVIN	
STREET ADDRESS	190 COULTER DR.	
CITY-ST-ZIP	KENANSVILLE FL 34739	
TITLE	D	<input type="checkbox"/> Delete
NAME	YATES, SUZETTE	
STREET ADDRESS	190 COULTER DR.	
CITY-ST-ZIP	KENANSVILLE FL 34739	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

Suzette Yates Suzette Yates 4-3-00 407-436-1199

CR2E034 (9/99)