

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082382

1. Entity Name

GEORGE E. GHEEN CO., INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90081 016 ***150.00

Principal Place of Business

Mailing Address

2769 HWY
 FREEPORT FL 32439
 US

2769 HWY
 FREEPORT FL 32439
 US

2. Principal Place of Business

3. Mailing Address

2769 HWY 20 W

2769 HWY 20 W,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FREEPORT FL

FREEPORT FL

4. FEI Number

59-3278585

Applied For

Not Applicable

Zip

Country

Zip

Country

32439

WALTON

WALTON

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

BARKES, JOAN M
 2969 HIGHWAY 20 WEST
 FREEPORT FL 32439

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	GHEEN, GEORGE E	
STREET ADDRESS	4 PAHOKEE LANE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	GHEEN, NANCY L	
STREET ADDRESS	4 PAHOKEE LANE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARKES, JOAN M	
STREET ADDRESS	58 OREGON DRIVE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAKEMAN, GEORGIA L	
STREET ADDRESS	58 OREGON DR	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS, DOROTHY G	
STREET ADDRESS	4006 LATHAM DR	
CITY-ST-ZIP	HAYMARKET VA 20169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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: *George E. Gheen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *MAR. 31, 2000*
 Daytime Phone #: *850-837-1384*

CR2E034 (9/99)