

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082382

1. Entity Name

GEORGE E. GHEEN CO., INC.

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90052 044 ***150.00

Principal Place of Business

2969 HWY 20 W
FREEPORT FL 32437
US

Mailing Address

2969 HWY 20 W
FREEPORT FL 32437
US

2. Principal Place of Business

2969 HWY 20 W
Suite, Apt. #, etc.
FREEPORT

3. Mailing Address

2969 HWY 20 W
Suite, Apt. #, etc.
FREEPORT FL

City & State

FREEPORT FL

City & State

FREEPORT FL

Zip

32437

Country

WALTON

Zip

32437

Country

WALTON

4. FEI Number

59-3278585

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

6. Name and Address of Current Registered Agent

BARKES, JOAN M
2969 HIGHWAY 20 WEST
FREEPORT FL 32439

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, 2001 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

TITLE D
NAME GHEEN, GEORGE E
STREET ADDRESS 4 PAHOKEE LANE
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE D
NAME GHEEN, NANCY L
STREET ADDRESS 4 PAHOKEE LANE
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE D
NAME BARKES, JOAN M
STREET ADDRESS 58 OREGON DRIVE
CITY-ST-ZIP FORT WALTON BEACH FL 32548 ☐ Delete

TITLE D
NAME WAKEMAN, GEORGIA L
STREET ADDRESS 58 OREGON DR
CITY-ST-ZIP FT WALTON BEACH FL 32548 ☐ Delete

TITLE D
NAME MYERS, DOROTHY G
STREET ADDRESS 4006 LATHAM DR
CITY-ST-ZIP HAYMARKET VA 20169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

JAN. 30, 2001 850 837-1384
Date Daytime Phone #

CR2E034 (10/00)