

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90052 044 \*\*\*150.00

**DOCUMENT # P94000082382**

1. Entity Name  
**GEORGE E. GHEEN CO., INC.**

Principal Place of Business <b>2969 HGWY 20 W          FREEPORT FL 32437          US</b>	Mailing Address <b>2969 HGWY 20 W          FREEPORT FL 32437          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2969 HGWY 20 W          Suite, Apt. #, etc.          FREEPORT</b>	3. Mailing Address <b>2969 HGWY 20 W          Suite, Apt. #, etc.          FREEPORT FL</b>
City & State <b>FREEPORT FL</b>	City & State <b>FREEPORT FL</b>

4. FEI Number <b>59-3278585</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32439</b>	Country <b>WALTON</b>	Zip <b>32439</b>	Country <b>WALTON</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BARKES, JOAN M  
 2969 HIGHWAY 20 WEST  
 FREEPORT FL 32439**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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** **JAN. 30, 2001** **850 837-1384**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)