

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011955

1. Entity Name

MAVERICK MEAT PROCESSORS, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90986 049 \*\*\*150.00

Principal Place of Business

12761 ROD & GUN CLUB RD  
FT MYERS FL 33913  
US

Mailing Address

12761 ROD & GUN CLUB RD  
FT MYERS FL 33913-9613  
US

2. Principal Place of Business

3901 Dr. Martin Luther King Blvd.

3. Mailing Address

408 Leonard Blvd. N

Suite, Apt. #, etc.

Unit 21

Suite, Apt. #, etc.

City & State

Fort Myers FL

City & State

Lehigh Acres, FL

Zip

33916

Country

USA

Zip

Country

USA

4. FEI Number

65-0579882

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAXEY, GLEN

12761 ROD & GUN CLUB RD  
FT MYERS FL 33913

7. Name and Address of New Registered Agent

Name

Glen Maxey

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

408 Leonard Blvd. N.

City

Lehigh Acres

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

*Glen A. Maxey*

Glen A. MAXEY

4/29/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MAXEY, GLEN	
STREET ADDRESS	12761 ROD & GUN CLUB RD	
CITY-ST-ZIP	FT MYERS FL 33913	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glen Maxey	
STREET ADDRESS	408 Leonard Blvd N.	
CITY-ST-ZIP	Lehigh Acres, FL	
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		
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		

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:

*Glen A. Maxey*

President Glen A. MAXEY 4/29/00

941 332 7721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)