

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030980

1. Entity Name

XIMANGO OF QUINCY, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90046 009 ***150.00

Principal Place of Business

Mailing Address

3375 CAPITAL CIRCLE, N.E.
BLDG. A
TALLAHASSEE FL 32308

3375 CAPITAL CIRCLE, N.E., BLDG. A
ATTN. C. DAVID FONVIELLE
TALLAHASSEE FL 32308-3778

2. Principal Place of Business

2946 LAKEVIEWPOINT RD

Suite, Apt. #, etc.

3. Mailing Address

2946 LAKEVIEWPOINT RD

Suite, Apt. #, etc.

City & State

QUINCY FL

City & State

QUINCY FL

4. FEI Number

59-3392959

Applied For

Not Applicable

Zip

32351

Country

USA

Zip

32351

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FONVIELLE, C. DAVID
3375 CAPITAL CIRCLE, N.E.
BLDG. A
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

OWENS, MAURICE J.

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

2946 LAKEVIEWPOINT RD

City

Quincy

FL

Zip Code

32351

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

Maurice J. Owens

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 ☐ Delete
NAME OWENS, MAURICE J
STREET ADDRESS ROUTE 3 (LAKEVIEW DRIVE) BOX 1824
CITY-ST-ZIP QUINCY FL 32351

TITLE ☒ Delete
NAME FONVIELLE, C. DAVID
STREET ADDRESS 3375 CAPITAL CIRCLE, N.E.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2946 LAKEVIEWPOINT RD
CITY-ST-ZIP QUINCY FL. 32351

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

TITLE ☐ Change ☐ Addition
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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:

SIGN MAURICE J. OWENS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/2000

Date

850-825-2598

Daytime Phone #

CR2E034 (9/99)