

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043750

1. Entity Name  
**FINNI'S, INC.**

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90033 036 \*\*\*150.00

Principal Place of Business  
**40 GORRIE DR.  
ST. GEORGE ISLAND FL 32328**

Mailing Address  
**1406 N. MERIDIAN RD.  
TALLAHASSEE FL 32303-5642**

2. Principal Place of Business

3. Mailing Address  
**307 E. 7th AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**TALLAHASSEE FL**

Zip

Country

Zip  
**32303**

Country  
**USA**

4. FEI Number  
**59-3379797**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCLEOD, DREW D  
1106 J THOMASVILLE RD  
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name  
**DREW D. MCLEOD**

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

**307 E. 7th AVE**

City  
**TALLAHASSEE FL** Zip Code  
**32303**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SMITH, FINCHER W  
2609 LOTUS DR.  
TALLAHASSEE FL 32312** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSTD  
MCLEOD, DREW D  
6619 BISGAH CHUECH RD.  
TALLAHASSEE FL 32308** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
BRANT J. BANKS  
40 W. GORRIE DR  
SGI, FL 32328** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ 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

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NAME  
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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 another like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DREW D. MCLEOD** 4-25-2000 850-545-1132