

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080616

1. Entity Name

WAKULLA WHAT-NOTS, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90087 012 ***150.00

Principal Place of Business

Mailing Address

WAKULLA WHAT-NOTS
2213 CRAWFORDVILLE HWY
CRAWFORDVILLE FL 32327
US

WAKULLA WHAT-NOTS
2213 CRWAFORDVILLE HWY
CRAWFORDVILLE FL 32327-1033
US

2. Principal Place of Business

18 M^c Callister Rd

3. Mailing Address

18 M^c Callister Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crawfordville, FL

City & State

Crawfordville, FL

Zip

Country

32327

Wakulla

Zip

Country

32327

Wakulla

4. FEI Number

59-3416201

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEYER, ANN
55 SAWGRASS DRIVE
CRAWFORDVILLE FL 32327

Name

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

City

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

Ann Beyer

5/1/00

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS BEYER, ANN
CITY-ST-ZIP 55 SAWGRASS DRIVE
CRAWFORDVILLE FL 32327

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BEYER, JENNIFER
CITY-ST-ZIP 55 SAWGRASS DRIVE
CRAWFORDVILLE FL 32327

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BEYER, TOM
CITY-ST-ZIP 55 SAWGRASS DRIVE
CRAWFORDVILLE FL 32327

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Ann Beyer 5/1/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)