

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102448

1. Entity Name  
AFY ENTERPRISES, INC.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90041 004 \*\*\*558.75

Principal Place of Business

4610 34TH COURT E.  
BRADENTON FL 34203

Mailing Address

4610 34TH COURT E.  
BRADENTON FL 34203

2. Principal Place of Business

1345 Main St  
Suite, Apt. #, etc.

3. Mailing Address

3203 Little Country Rd  
Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Parrish FL

4. FEI Number

65-0714862

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

34219

Country

USA

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

6. Name and Address of Current Registered Agent

FRENCH, TED  
DICKINSON & GIBBONS  
1750 RINGLING BLVD.  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Allen F Yearick

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

3203 Little Country Rd

City

Parrish

FL

Zip Code

34219

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

*Allen F Yearick*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-13-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **PRESIDENT** ☐ Delete  
NAME **YEARICK, ALLEN F**  
STREET ADDRESS **3203 LITTLE COUNTRY ROAD**  
CITY-ST-ZIP **PARRISH FL 34219**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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:

*Allen F Yearick* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00

Date

941 362 4427

Daytime Phone #

CR2E034 (5/00)