

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000062

1. Entity Name

YAHN BROTHERS LEASING, INC.

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

04-17-2000 90020 025 \*\*\*150.00

Principal Place of Business

4266 CANOE CREEK RD  
ST CLOUD FL 34772

Mailing Address

4266 CANOE CREEK RD  
ST CLOUD FL 34772-7462

2. Principal Place of Business

4266 CANOE CREEK RD

Suite, Apt. #, etc.

3. Mailing Address

4266 CANOE CREEK RD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St Cloud FL

City & State

St Cloud FL

4. FEI Number

59-3399917

Applied For

Not Applicable

Zip

34772

Country

USA

Zip

34772

Country

USA

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

YAHN, WILLIAM JR  
4266 CANOE CREEK RD  
ST CLOUD FL 34772

Name

William H. Yahn Jr

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

4266 CANOE CREEK RD

City

St Cloud

FL

Zip Code

34772

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete

NAME YAHN, WILLIAM JR.  
STREET ADDRESS 4266 CANOE CREEK RD  
CITY-ST-ZIP ST CLOUD FL 34772

TITLE ☐ Change ☐ Addition

TITLE VD ☐ Delete

NAME YAHN, DAVID  
STREET ADDRESS 1600 BROOKS LN  
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ Change ☐ Addition

TITLE STD ☐ Delete

NAME YAHN, WILLIAM SR.  
STREET ADDRESS 16505 LASHLEY RD  
CITY-ST-ZIP SENECAVILLE OH 43780

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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 all other like empowered.

SIGNATURE:

William H. Yahn Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-00

Date

407 923 5418

Daytime Phone #

CR2E034 (9/99)