

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
 05-02-2000 90136 041 ***150.00

DOCUMENT # P97000023418

1. Entity Name
OCHLOCKONEE CONCH CO., INC.

Principal Place of Business Mailing Address
 BOX 850 1106J THOMASVILLE RD
 FL 32346 TALLAHASSEE FL 32303-6276
 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. 307 E. 7th Ave
 Suite, Apt. #, etc.

City & State City & State
 TALLAHASSEE, FL

Zip Country Zip Country
 32303 USA

4. FEI Number 59-3437121 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.
 6619 PISGAH CHURCH RD
 TALLAHASSEE FL 32308

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] (NOTE: Registered Agent signature required when reinstating) DATE 4-25-00

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	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MCLEOD, DREW D		STREET ADDRESS		
CITY-ST-ZIP	6619 PISGAH CHURCH RD. TALLAHASSEE FL 32308		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DP		STREET ADDRESS		
CITY-ST-ZIP	SMITH, FINCHER W 2609 LOTUS DRIVE TALLAHASSEE FL 32312		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [Signature] DATE 4-25-00 DAYTIME PHONE 850-545-1332
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)