

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028136

1. Entity Name

FLORIDA FIRST ENTERPRISE GROUP, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90025 018 ***150.00

Principal Place of Business

Mailing Address

1138 CEPHIA ST
LAKE WALES FL 33853
US

1138 CEPHIA ST
LAKE WALES FL 33853-3913
US

2. Principal Place of Business

3. Mailing Address

2105 SE 32nd ST

2105 SE 32nd ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

OCALA, FL

OCALA, FL

4. FEI Number

59-3442311

Applied For

Not Applicable

Zip

Country

Zip

Country

34471-613

USA

34471-613

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

HARLAN, MARY E ESQ
500 S FLORIDA AVE
STE 200
LAKELAND FL 33801

Name

Robert A. Sterner

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

8585 SW 32nd St, Suite 9

City

OCALA

FL

Zip Code

34471

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/00

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 PD ☐ Delete
NAME WATTLES, BRETT B
STREET ADDRESS 2105 SE 32ND STREET
CITY-ST-ZIP Ocala FL 34471

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

TITLE ST ☒ Delete
NAME BRANTLEY, JAMES C
STREET ADDRESS 1138 CEPHIA STREET
CITY-ST-ZIP LAKE WALES FL 33853

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)