

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90035 022 ***150.00

DOCUMENT # P97000097876

1. Entity Name
VAUGHNYARD T., INC.

Principal Place of Business
**103 FLORIDA AVENUE
LYNN HAVEN FL 32444**

Mailing Address
**103 FLORIDA AVENUE
LYNN HAVEN FL 32444**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number **59-3497125**
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

**TURNER, BILLY
103 FLORIDA AVENUE
LYNN HAVEN FL 32444**

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 _____
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, 2001 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 **P** ☐ Delete
NAME **PITTS, MELODY K**
STREET ADDRESS **1365 FURY'S FERRY RD**
CITY-ST-ZIP **EVANS GA 30809**

TITLE **President** ☒ Change ☒ Addition
NAME **GENEZ VAUGHN**
STREET ADDRESS **103 Florida Ave**
CITY-ST-ZIP **LYNN HAVEN, FL 32444**

TITLE **VP** ☐ Delete
NAME **DUPREE, INA E**
STREET ADDRESS **103 FL AVE**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

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

TITLE **VP** ☐ Delete
NAME **TURNER, BILLY**
STREET ADDRESS **103 FLORIDA AVE.**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

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

TITLE **ST** ☐ Delete
NAME **KOVACH, CARRIE G**
STREET ADDRESS **RT 3 BOX 558**
CITY-ST-ZIP **TALLAHASSE FL 32308**

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

TITLE **D** ☐ Delete
NAME **VAUGHN, FAYE C**
STREET ADDRESS **437 GOLDEN ISLE DR PHD**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☒ Change ☐ Addition
NAME **FAYE C. VAUGHN**
STREET ADDRESS **103 Florida Ave**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE President** ☒ Change ☐ Addition
NAME **Melody K. Pitts**
STREET ADDRESS **1365 FURY'S FERRY RD**
CITY-ST-ZIP **EVANS, GA 30809**

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: *Genez Vaughn P.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01 271-1909
Date Daytime Phone #

GENEZ VAUGHN

CR2E034 (10/00)