

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108508

1. Entity Name

PEACOCK FAMILY ENTERPRISE, INC.

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90020 044 \*\*\*150.00

Principal Place of Business

6640 NW 41ST ST  
CORAL SPGS FL 33067  
US

Mailing Address

6640 NW 41ST ST  
CORAL SPGS FL 33067  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0806769

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

PEACOCK, WILLIAM ELLIS  
6640 NW 44TH STREET  
CORAL SPRINGS FL 33067

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	D	<input type="checkbox"/> Delete
NAME	PEACOCK, WILLIAM ELLIS	
STREET ADDRESS	6640 NW 41ST STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEACOCK, PENNY SUE	
STREET ADDRESS	6640 NW 41ST STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	<del>PEACOCK, JAMEY BIRCH</del>	
STREET ADDRESS	<del>6640 N.W. 41<sup>ST</sup> STREET</del>	
CITY-ST-ZIP	<del>CORAL SPRINGS, FL 33067</del>	
TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	<del>PEACOCK, BRAD VINSON</del>	
STREET ADDRESS	<del>6640 N.W. 41<sup>ST</sup> STREET</del>	
CITY-ST-ZIP	<del>CORAL SPRINGS, FL 33067</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEACOCK, JAMEY BIRCH	
STREET ADDRESS	6640 N.W. 41 <sup>ST</sup> STREET	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEACOCK, BRAD VINSON	
STREET ADDRESS	6640 N.W. 41 <sup>ST</sup> STREET	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: William Ellis Peacock, William Ellis Peacock 4-17-2001 954-346-9292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0133039

CR2E034 (10/00)