

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002291

1. Entity Name

SAMANTHA RUSSELL, LIMITED, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90036 016 ***150.00

Principal Place of Business

Mailing Address

8118 BANYAN BLVD.
LOXAHATCHEE FL 33470

8118 BANYAN BLVD.
LOXAHATCHEE FL 33470-3044

2. Principal Place of Business

3. Mailing Address

P.O. Box 1573

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LOXAHATCHEE

Zip

Country

Zip

33470

Country

4. FEI Number

65-0905503

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

RUSSELL, F.E. RUSSELL SR
8118 BANYAN BLVD.
LOXAHATCHEE FL 33470

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, 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 | DP | <input type="checkbox"/> Delete |
| NAME | RUSSELL, F.E. RUSSELL SR | |
| STREET ADDRESS | 8118 BANYAN BLVD. | |
| CITY-ST-ZIP | LOXAHATCHEE FL 33470 | |
| TITLE | DVS | <input type="checkbox"/> Delete |
| NAME | RUSSELL, LILLIAN E | |
| STREET ADDRESS | 8118 BANYAN BLVD. | |
| CITY-ST-ZIP | LOXAHATCHEE FL 33470 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | GREENE, GRACE L | |
| STREET ADDRESS | 8118 BANYAN BLVD. | |
| CITY-ST-ZIP | LOXAHATCHEE FL 33470 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------|--|
| TITLE | DC | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RUSSELL, SAMANTA A. | |
| STREET ADDRESS | 8118 BANYAN BLVD. | |
| CITY-ST-ZIP | LOXAHATCHEE FL 33470 | |
| TITLE | DT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREEN, GRACE L | |
| STREET ADDRESS | 8285 125th Pl | |
| CITY-ST-ZIP | Sebastian FL 32958-3511 | |
| 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:

SIGNATURE REQUIRED F.E. RUSSELL SR

Date

2/20/00

Daytime Phone #

561 798-9310

CR2E034 (9/99)