

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026057

1. Entity Name

JOHN R. SAUNDERS, INC.

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

09-14-2000 90010 048 \*\*\*550.00

Principal Place of Business

1765 NORTHWEST 60TH AVENUE  
OCALA FL 34482

Mailing Address

POST OFFICE BOX 772261  
OCALA FL 34477

2. Principal Place of Business

1765 N.W. 60 AVE

3. Mailing Address

P.O. Box 772261

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL.

City & State

OCALA, FL.

4. FEI Number

59-3501352

Applied For

Not Applicable

Zip

34482

Country

MARION

Zip

34477

Country

MARION

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAUNDERS, SUZANNE  
1765 NW 60 AVE  
OCALA FL 34482

7. Name and Address of New Registered Agent

Name

SUZANNE SAUNDERS

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

1765 N.W. 60 AVE.

City

OCALA, FL.

FL

Zip Code

34482

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 SUZANNE SAUNDERS

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

(NOTE: Registered agent signature required when reinstating)

9-10-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE PD  
NAME SAUNDERS, JOHN R  
STREET ADDRESS 1765 NORTHWEST 60TH AVENUE  
CITY-ST-ZIP Ocala FL 34482 ☐ Delete

TITLE VSTD  
NAME SAUNDERS, SUZANNE  
STREET ADDRESS 1765 NORTHWEST 60TH AVENUE  
CITY-ST-ZIP Ocala FL 34482 ☐ Delete

TITLE VICE PRESIDENT 2ND.  
NAME William L. SAUNDERS  
STREET ADDRESS 1765 N.W. 60TH AVE.  
CITY-ST-ZIP Ocala, FL. 34482 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE 2ND VICE PRESENT  
NAME William L. SAUNDERS  
STREET ADDRESS 1765 N.W. 60 AVE  
CITY-ST-ZIP Ocala, FL 34482 ☐ Change ☒ Addition

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SUZANNE SAUNDERS VSTD

Date

Daytime Phone #