

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000029318**

1. Entity Name

**VIDEO LAND OF DOWLING PARK, INC.****FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90101 041 \*\*\*150.00

Principal Place of Business

Mailing Address

23527 C.R. 250  
LIVE OAK FL 3206011721 116TH TERR.  
LIVE OAK FL 32060-6708

2. Principal Place of Business

3. Mailing Address

23527 C.R. 250

11721 116<sup>th</sup> TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

Live OAK, FL 32060

Zip  
32060

Country

USA

City &amp; State

Live OAK FL

Zip  
32060Country  
United States

4. FEI Number 59-3501000-

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

RELIFORD, JERRY  
11721 116TH TERR.  
LIVE OAK FL 32060

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 | NAME               | STREET ADDRESS    | CITY-ST-ZIP       | <input type="checkbox"/> Delete |
|-------|--------------------|-------------------|-------------------|---------------------------------|
| PD    | RELIFORD, JERRY    | 11721 116TH TERR. | LIVE OAK FL 32060 | <input type="checkbox"/>        |
| VSTD  | RELIFORD, LUTRELLE | 11721 116TH TERR. | LIVE OAK FL 32060 | <input type="checkbox"/>        |
|       |                    |                   |                   | <input type="checkbox"/>        |
|       |                    |                   |                   | <input type="checkbox"/>        |
|       |                    |                   |                   | <input type="checkbox"/>        |
|       |                    |                   |                   | <input type="checkbox"/>        |
|       |                    |                   |                   | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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

Date

Daytime Phone #

CR2E034 (9/99)