

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033858

1. Entity Name

SEBRING INVESTMENTS, INC.

Principal Place of Business

Mailing Address

105 TREE FARM ROAD  
SEBRING FL 33872

105 TREE FARM ROAD  
SEBRING FL 33872-6356

2. Principal Place of Business

105 TREE FARM RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING FLA.

City & State

Zip  
33872

Country  
USA

Zip

Country

6. Name and Address of Current Registered Agent

ABLES, CLIFFORD M III  
551 SOUTH COMMERCE AVENUE  
SEBRING FL 33870

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
AMOS, RICHARD L  
105 TREE FARM RD.  
SEBRING FL 33872

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
TOWNSEND, TODD  
705 TANNAHILL COURT  
CHESAPEAKE-VA 23320

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

*RICHARD L. AMOS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90121 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3548149

☐ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

(863)

1-28-00

465-4514