

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90023 007 ***150.00

DOCUMENT # P98000073842

1. Entity Name

S/B YANKEETOWN, INC.

Principal Place of Business

Mailing Address

**36 63RD STREET
 YANKEETOWN FL 34498**

**P.O. BOX 96
 TRENTON, FL 32693**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3545155

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CAUSEY, KATHRYN F.
 413 NE 7TH STREET
 TRENTON, FL**

Name

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

413 NE 7th St (NO MAIL)

P.O. Box 96

City

Trenton Fl

FL

Zip Code

32693

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

Kathryn F Causey

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

K Causey

(NOTE: Registered Agent signature required when re-registering)

3/6/2000

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
**PRES & DIRECTOR
 WILLIAM R. COX
 19 PATRICIA DR (MAIL: P O BOX 55)
 YANKEETOWN, FL 34498**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**SEC-TRES. & DIRECTOR
 LILLIAN M. COX
 19 PATRICIA DR (MAIL: P O BOX 55)
 YANKEETOWN, FL 34498**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**DIRECTOR
 EDWARD F. MCGINNIS
 19 PATRICIA DR (MAIL: P O BOX 55)
 YANKEETOWN, FL 34498**

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

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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 R. Cox **William R. Cox 3-6-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #