

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
 03-05-2001 90076 028 ***150.00

DOCUMENT # P98000073842

1. Entity Name
S/B YANKEETOWN, INC.

Principal Place of Business

**36 63RD STREET
 YANKEETOWN FL 34498**

Mailing Address

**P.O. BOX 96 P O Box 46
 TRENTON FL 32693**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3545155**

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

CAUSEY, KATHRYN F

413 NE 7TH STREET

PO BOX 96

TRENTON FL 32693

Name

Causesy, Kathryn F.

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

12421 SR 24

PO Box 46

City

Cedar Key, FL 32625

Zip Code

32625

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. Causesy

2/27/01

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	COX, WILLIAM R	
STREET ADDRESS	19 PATRICIA DRIVE	
CITY-ST-ZIP	YANKEETOWN FL 34498	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COX, LILLIAN M	
STREET ADDRESS	19 PATRICIA DRIVE	
CITY-ST-ZIP	YANKEETOWN FL 34498	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGINNIS, EDWARD F	
STREET ADDRESS	19 PATRICIA DRIVE	
CITY-ST-ZIP	YANKEETOWN FL 34498	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

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

William R. Cox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01

Date

CPA 352-543-6271

Daytime Phone #

CR2E034 (10/00)