

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90066 003 \*\*\*150.00

**DOCUMENT # P98000078510**

1. Entity Name  
**THE YANKEE COMPANIES, INC.**



Principal Place of Business  
**1941 SOUTHEAST 51ST TERRACE SUITE 7  
OCALA FL 34471**

Mailing Address  
**1941 SOUTHEAST 51ST TERRACE SUITE 7  
OCALA FL 34471**



2. Principal Place of Business  
**5185 SE 20TH STREET**

3. Mailing Address  
**5185 SE 20TH STREET**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Ocala Florida**

City & State  
**Ocala Florida**

Zip  
**34471**

Country  
**USA**

Zip  
**34471**

Country  
**USA**

4. FEI Number  
**59-3532520**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LINDSEY, VANESSA H**  
**1941 SOUTHEAST 51ST TERRACE SUITE 7**  
**OCALA FL 34471**

**7. Name and Address of New Registered Agent**

Name  
**Vanessa H. Lindsey**

Street Address (P.O. Box Number is Not Acceptable)  
**5185 SE 20TH STREET**

City  
**Ocala**

FL  
**34471**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Vanessa H. Lindsey** **1/7/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPCE TUCKER, LEONARD M 2500 N. MILITARY TRAIL STE 225 BOCA RATON FL 33431</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/VP CALVO, WILLIAM A III 1941 SOUTHEAST 51ST TERRACE SUITE 7 OCALA FL 34471</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SCAO LINDSEY, VANESSA H 1941 SOUTHEAST 51ST TERR OCALA FL 34471</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Vanessa H. Lindsey** **1/7/03** **352-694-6661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)