

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083295

1. Entity Name

MEGAHEE ENTERPRISES G.P., INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90124 008 ***150.00

Principal Place of Business

Mailing Address

9308 S.W. 43RD LANE
GAINESVILLE FL 32608
US

9308 S.W. 43RD LANE
GAINESVILLE FL 32608-4170
US

2. Principal Place of Business

3. Mailing Address

2632 NW 43rd Street
Suite, Apt. #, etc.

2632 NW 43rd St
Suite, Apt. #, etc.

Gainesville Fla
City & State

Gainesville Fla
City & State

Zip 32608 Country Alaska

Zip 32606 Country Alaska



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3536033

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

JONES, JOAN M
9308 S.W. 43RD LANE
GAINESVILLE FL 32608

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	DPS	☐ Delete
NAME	JONES, JOAN M	
STREET ADDRESS	9308 S.W. 43RD LANE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
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		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)