

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90076 024 ***150.00

DOCUMENT # P98000108108

i. Entity Name

CASEY BOWERS PROPERTIES, INC.

Principal Place of Business Mailing Address
 --- AMELIA AVE. 1903 AMELIA AVE.
 BEACH FL 32034 FERNANDINA BEACH FL 32034-2705

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country
 32035-3129 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3550232 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

HOLBROOK, H. LEON
 1 INDEPENDENT DR., STE. 2301
 JACKSONVILLE FL 32202

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	D	<input checked="" type="checkbox"/> Delete
NAME	BOWERS, ELOISE C	
STREET ADDRESS	1903 AMELIA AVE.	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	HERBERT C. BOWERS	<input type="checkbox"/> Delete
NAME	HERBERT C. BOWERS	
STREET ADDRESS	5100 QUAIL CANYON DRIVE	
CITY-ST-ZIP	CHARLOTTE, NC 28226-7814	
TITLE	T/S	<input type="checkbox"/> Delete
NAME	ANNETTE B. GODWIN	
STREET ADDRESS	1255 SOUTH FLETCHER AVENUE	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERBERT C. BOWERS	
STREET ADDRESS	5100 QUAIL CANYON DRIVE	
CITY-ST-ZIP	CHARLOTTE, NC 28226-7814	
TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNETTE B. GODWIN	
STREET ADDRESS	1255 SOUTH FLETCHER AVENUE	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Herbert C. Bowers* HERBERT C. BOWERS 2/17/2000 704 542 8554
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)