

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003382

1. Entity Name

MOUNT DORA, TAVARES AND EUSTIS RAILROAD CO.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90092 011 ***150.00

Principal Place of Business

150 NORTH THIRD AVENUE
MOUNT DORA FL 32757

Mailing Address

POST OFFICE BOX 641
MOUNT DORA FL 32756-0641

2. Principal Place of Business

150 W. Third Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MOUNT DORA FL

City & State

Zip

Country

32757 LAKE

Zip

Country

4. FEI Number

59-3559307

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

LOWRY, ARCHIE O JR.
308 EAST FIFTH AVENUE
MOUNT DORA FL 32757

Name

christopher welch

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

150 W. Third Ave.

City

MOUNT DORA

FL

Zip Code

32756

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 ☐ Delete

D
TORRICO, STEVEN
POST OFFICE BOX 641
MT. DORA FL 32756

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

D
WELCH, CHRIS
POST OFFICE BOX 641
MT. DORA FL 32756

TITLE ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

christopher w. welch 1/11/00 352-383-4368

CR2E034 (9/99)