

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021576

1. Entity Name

REESMAN & KEELEY ENTERPRISES, INC.

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90078 025 ***150.00

Principal Place of Business

Mailing Address

711 N. MONROE ST.
TALLAHASSEE FL 32303

711 N. MONROE ST.
TALLAHASSEE FL 32303-6138

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

59-3562294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLEET, H. BART ESQ.
1201 EGLIN PKWY.
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name: TODD C. KINGRY

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

711 N. MONROE ST

City

TALLAHASSEE FL

FL

Zip Code

32303

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/00

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
NAME REESMAN, ERIC ☐ Delete
STREET ADDRESS 118 W. 8TH AVE.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D
NAME KEELEY, JOHN ☒ Delete
STREET ADDRESS 118 W. 8TH AVE.
CITY-ST-ZIP TALLAHASSEE FL 32303

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres-DIR ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TODD C. KINGRY ☐ Change ☒ Addition
NAME 1044 SEMINOLE DR
STREET ADDRESS TALLAHASSEE FL 32310 VP, S, TD
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 all other like empowered:

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

850 222-0435

Daytime Phone #

CR2E034 (9/99)