

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028041

1. Entity Name

OLD FORT, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90077 016 ***158.75

Principal Place of Business

4412 W. PENSACOLA ST.
TALLAHASSEE FL 32316

Mailing Address

P.O. BOX 2200
TALLAHASSEE FL 32316-2200

2. Principal Place of Business

688 PORT LEON DRIVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 308

Suite, Apt. #, etc.

City & State

ST. MARKS, FL

Zip

32355

Country

USA-WAKULLA

City & State

ST. MARKS, FL

Zip

32355

Country

USA-WAKULLA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKENZIE, T.L.
4412 W. PENSACOLA ST.
TALLAHASSEE FL 32305

7. Name and Address of New Registered Agent

Name

WALTER SCOTT CAUSEY

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

688 PORT LEON DRIVE

City

ST. MARKS

FL

Zip Code
32355

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)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCKENZIE, T.L.	
STREET ADDRESS	4412 WEST PENSACOLA STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAUSEY, WALTER S	
STREET ADDRESS	4412 WEST PENSACOLA STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAUSEY, WALTER SCOTT	
STREET ADDRESS	688 PORT LEON DRIVE	
CITY-ST-ZIP	ST. MARKS, FL. 32355	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.L. MCKENZIE

4/11/2001 (850) 575-0669
Date Daytime Phone #

CR2E034 (10/00)