

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037600

1. Entity Name

ESPEY PROPERTIES, INC.

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90016 025 \*\*\*550.00

Principal Place of Business

748 BROADWAY SUITE 100  
DUNEDIN FL 34698

Mailing Address

748 BROADWAY SUITE 100  
DUNEDIN FL 34698-6973

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

59-3573321

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ACCOUNTING & TAX HELP, INC.  
8668 PARK BLVD.  
SUITE A  
SEMINOLE FL 33777

7. Name and Address of New Registered Agent

Name JOHN R. ESPEY, PRESIDENT

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

748 BROADWAY, SUITE 100

City DUNEDIN

FL

Zip Code 34698

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

*John R. Espy Pres*  
Signature, typed or printed name of registered agent and title if applicable.

*JOHN R. ESPEY, PRES*  
(NOTE: Registered Agent signature required when reinstating)

DATE

*July 12, 2000*

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	<del>PRESIDENT</del>	<input type="checkbox"/> Delete
NAME	<del>JOHN R. ESPEY</del>	
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		
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	PRESIDENT - P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN R. ESPEY	
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		
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

*John R. Espy Pres*

*July 12, 2000*  
Date Daytime Phone #

CR2E034 (9/99)