

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054425

1. Entity Name

I.B. PROPERTIES, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90088 026 ***158.75

Principal Place of Business

923 SHRIVER CIRCLE
LAKE MARY FL 32746

Mailing Address

POST OFFICE BOX 951916
LAKE MARY FL 32795-1916

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

SA-3583340

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

DONALD E. MCFALL

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

923 Shriver Circle

City

LAKE MARY

FL

Zip Code

32746

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

Donald E McFall DONALD E. MCFALL, Sec/Treas/Dia

1/12/2000

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 PD
NAME MULLINS, ELVIN L
STREET ADDRESS 923 SHRIVER CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746

☐ Delete

TITLE VD
NAME BRINK, GARY P
STREET ADDRESS 923 SHRIVER CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746

☐ Delete

TITLE STD
NAME MCFALL, DONALD E
STREET ADDRESS 923 SHRIVER CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Donald E McFall DONALD E MCFALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/2000 (407) 324-4752

CR2E034 (9/99)