

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061098

1. Entity Name

COLLINS ENTERTAINMENT GROUP, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91363 010 ***150.00

0448735

Principal Place of Business

PO BOX 321
LOXAHATCHEE FL 33470

Mailing Address

PO BOX 321
LOXAHATCHEE FL 33470

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KETCHAM, ARTHUR C III
14731 TANGERINE BLVD.
LOXAHATCHEE FL 33470

Name

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

City

FL

Zip Code

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, 2001 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 D ☐ Delete
NAME KETCHAM, ARTHUR C III
STREET ADDRESS PO BOX 321
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE D ☒ Change ☐ Addition
NAME Arthur C. Ketcham III
STREET ADDRESS P.O. Box 843
CITY-ST-ZIP Lake City, FL 32056

TITLE D ☐ Delete
NAME KETCHAM, KATHLEEN C
STREET ADDRESS PO BOX 321
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE D ☒ Change ☐ Addition
NAME Ketcham Kathleen C.
STREET ADDRESS P.O. Box 843
CITY-ST-ZIP Lake City, FL 32056

TITLE D ☐ Delete
NAME KETCHAM, ARTHUR C IV
STREET ADDRESS PO BOX 321
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE D ☒ Change ☐ Addition
NAME Ketcham, Arthur C. IV
STREET ADDRESS Rt 13 Box 744-01
CITY-ST-ZIP Lake City, FL 32055

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)