

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90183 012 ***150.00

601689



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000068221

1. Entity Name

MAHAFFEY, YOUNG AND HINSON, INC.

Principal Place of Business

15 N. STEWART ST.
QUINCY FL 32351

Mailing Address

15 N. STEWART ST.
QUINCY FL 32351-2335

2. Principal Place of Business

3. Mailing Address

P. O. BOX 820

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
QUINCY FL

4. FEI Number

59-3590602

Applied For

Not Applicable

Zip

Country

Zip

Country

32353-0820

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JULIE M. YOUNG

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

916 W. BELLAMY DRIVE

City

QUINCY

FL

Zip Code
32351

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

Julie M. Young

JULIE M. YOUNG, PRESIDENT

1/11/00

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME YOUNG, JULIE M
STREET ADDRESS 916 W. BELLAMY DR.
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

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

TITLE VD
NAME YOUNG, THOMAS C
STREET ADDRESS 916 WEST BELLAMY DR.
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Julie M. Young

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1/11/00

Date

850-627-6262

Daytime Phone #

CR2E034 (9/99)