

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072424

1. Entity Name Magnolia Memories, Under The Magnolias, Inc.

Principal Place of Business  
1100 Polk City Rd.  
Haines City, Fla.  
33844

Mailing Address  
57 B. Moore Rd.

2. Principal Place of Business  
Same

3. Mailing Address  
57 B. Moore Rd.

**REINSTATEMENT** 00

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CSC Networks  
1201 Hays St.  
Tallahassee, Fla. 32301

Name Terry Weddington

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

57 B. Moore Rd.

City Haines City

FL

Zip Code 33844

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 Terry Weddington

Signature, typed or printed name of registered agent and title if applicable.

Terry Weddington

(NOTE: Registered Agent signature required when reorganizing)

10/28/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 President ☐ Delete  
NAME Terry Anne Weddington  
STREET ADDRESS 57 B. Moore Rd.  
CITY-ST-ZIP Haines City, Fl. 33844

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 900003463813--8  
-11/15/00--01029--012

TITLE Secy-Treas. ☐ Delete  
NAME Samuel D. Weddington  
STREET ADDRESS 57 B. Moore Rd.  
CITY-ST-ZIP Haines City, Fl. 33844

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP \*\*\*\*758.75 ☐ Change ☐ Addition

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 8/11/13

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

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: Terry Weddington, Terry Weddington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)