

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092275

1. Entity Name

ENCORE ENTERPRISES, INC.

FILED

Apr 11, 2001 8:00 am  
Secretary of State

04-11-2001 90109 015 \*\*\*150.00

Principal Place of Business

4621 NE 7TH AVE  
OCALA FL 34479

Mailing Address

4621 NE 7TH AVE  
OCALA FL 34479

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 59-3604520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKINNEY, JOSEPH R  
4601 NE 7TH AVE  
OCALA FL 34479

Name

DERWARD J. MCKINNEY

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

4621 NE 7TH AVE

City Ocala

FL

34479

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 *Derward J. McKinney*  
Signature, typed or printed name of registered agent and title if applicable.

DERWARD J. MCKINNEY, TD APRIL 9, 2001

(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 PD  
NAME MCKINNEY, JOSEPH R  
STREET ADDRESS 4601 NE 7TH AVE  
CITY-ST-ZIP Ocala FL 34479 ☐ Delete

TITLE T/D  
NAME DERWARD J. MCKINNEY  
STREET ADDRESS 4621 NE 7TH AVE  
CITY-ST-ZIP Ocala, FL 34479 ☒ Change ☐ Addition

TITLE VPSD  
NAME MCKINNEY, PATRICIA C  
STREET ADDRESS 4621 NE 7TH AVE  
CITY-ST-ZIP Ocala FL 34479 ☐ Delete

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

TITLE T  
NAME MCKINNEY, SHIRLEY A  
STREET ADDRESS 4601 NE 7TH AVE  
CITY-ST-ZIP Ocala FL 34479 ☒ Delete

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

TITLE D  
NAME MCKINNEY, DERNARD J  
STREET ADDRESS 4621 NE 7TH AVE  
CITY-ST-ZIP Ocala FL 34479 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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: *Derward J. McKinney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)