## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P99000098393**

Country

CHAMBERLAIN, STEVEN M

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

618 NE 1ST ST. GAINESVILLE FL 32601

(See criteria on back)

6. Name and Address of Current Registered Agent

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

BAZEMONZ, John L. 20500 N.W GSH AUG

WILLIAM D PAZEMON 20500 N.W. 65th AUC

MAINTOSH, Fla 32664

PATRICIA I BAZEMONE

20500=N.W.65-K-AVE-

Metutush, Plas 32664

my L. BAZEMONZ

Mª Iwtosh, Flew 32664

20500 M. AN 45 Th RIK

ME Intosk, fla 32664

DAZEMONZ

OFFICERS AND DIRECTORS

## BAXTER ENTERPRISES OF MARION COUNTY, INC.

Principal	Place	of	Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRES

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Mailing Address

P. O. BOX 739 MCINTOSH FL 32664 P. O. BOX 739 MCINTOSH FL 32664-0739

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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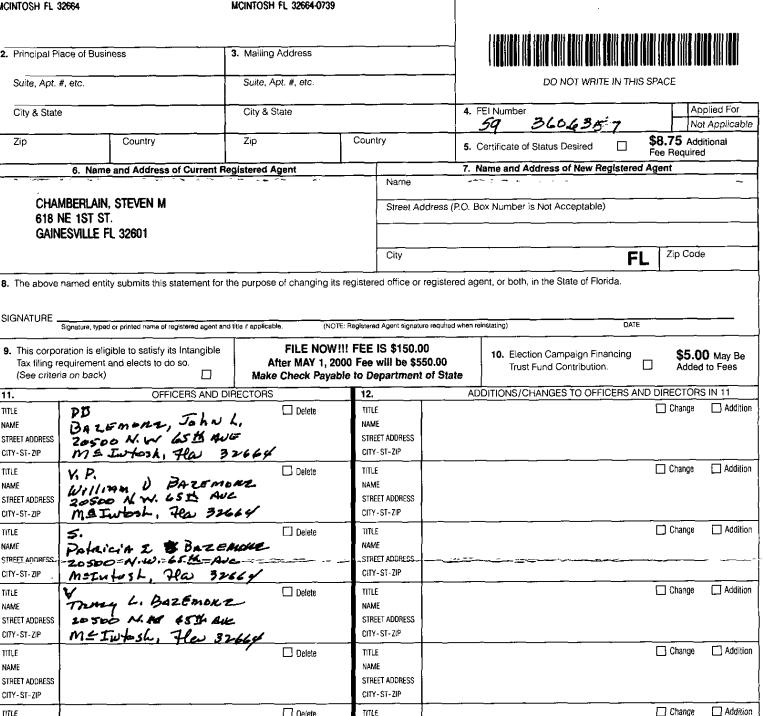
CITY-ST-ZIP

Name

City

## FILED May 30, 2000 8:00 am Secretary of State

05-30-2000 90110 023 \*\*\*150.00



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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #