

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90135 037 ***150.00

DOCUMENT # P99000098393

1. Entity Name

BAXTER ENTERPRISES OF MARION COUNTY, INC.

Principal Place of Business

P. O. BOX 739

MCINTOSH FL 32664

Mailing Address

P. O. BOX 739

MCINTOSH FL 32664

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

59-3606357

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

CHAMBERLAIN, STEVEN M

618 NE 1ST ST.

GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

J. L. Bazemore

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

P.O. Box 739, 20500 NW 65th Ave

City

McIntosh, FL

FL

Zip Code

32664

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]

(NOTE: Registered Agent signature required when reinstating)

3/01/02

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAZEMORE, JOHN L	
STREET ADDRESS	20500 NW 65TH AVENUE	
CITY-ST-ZIP	MCINTOSH FL 32664	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BASEMORE, WILLIAM D	
STREET ADDRESS	20500 NW 65TH AVENUE	
CITY-ST-ZIP	MCINTOSH FL 32664	
TITLE	S	<input type="checkbox"/> Delete
NAME	BASEMORE, PATRICIA I	
STREET ADDRESS	20500 NW 65TH AVENUE	
CITY-ST-ZIP	MCINTOSH FL 32664	
TITLE	V	<input type="checkbox"/> Delete
NAME	BASEMORE, TRACY L	
STREET ADDRESS	20500 NW 65TH AVENUE	
CITY-ST-ZIP	MCINTOSH FL 32664	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/01/02

582-236-3244

Day

Daytime Phone #

CR2E034 (9/01)