

2000 UNIFORM BUSINESS REPORT (UBR)

6/1

FILED

Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90148 028 ***391.25
06-19-2000 90002 014 ***158.75

DOCUMENT # P99000109263

1. Entity Name

FOREST CITY BEAUTY & BARBER SUPPLIES, INC.

Principal Place of Business

Mailing Address

6925 FOREST CITY RD.
ORLANDO FL 32810

6925 FOREST CITY RD.
ORLANDO FL 32810

2. Principal Place of Business

As Above

3. Mailing Address

As Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3639653

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MCLEAN, DIANE
6925 FOREST CITY RD.
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

Same

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

City

FL

Zip Code

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

Diane McLean

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/6/00

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

TITLE	D	☐ Delete
NAME	MCLEAN, DIANE	
STREET ADDRESS	2132 BLUE IRIS PL	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	☐ Delete
NAME	MCLEAN, VALRY	
STREET ADDRESS	2132 BLUE IRIS PL	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	☐ Delete
NAME	MCLEAN, RANDAL	
STREET ADDRESS	2132 BLUE IRIS PL	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Diane McLean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/00 4:07 395-0112

CR2E034 (9/97)