## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED **DOCUMENT # S02468** Jul 19, 2000 8:00 am 1. Entity Name Secrétary of State DONEGALE, INC. 06-09-2000 90033 012 \*\*\*150.00 Principal Place of Business Mailing Address 1320 LEE ROAD 1320 LEE ROAD PEMBROKE GA 31321 PEMBROKE GA 31321 4 O O O O Principal Place of Business 3. Mailing Address 3*20* Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Oity & State City & State 4. FEI Number 65-0219426 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 321 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASSIDY, EILEEN B Street Address (P.O. Box Number is Not Acceptable) 5466 GARDEN HILL CIRCLE WEST PALM BEACH FL 33415 Zip Code FL 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, typed or printed name of registered agent and title d applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 12. ☐ Addition TITLE ☐ Delete TITLE CASSIDY, EDWARD JAMES NAME NAME STREET ADDRESS 1320 LEE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE CA 31321-8319 Change Addition ☐ Delete TITLE TITLE CASSIDY, GERALDINE NAME NAME 1320 LEE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PEMBROKE GA 31321 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME CASSIDY, EILEEN B NAME STREET ADDRESS 5466 GARDEN HILL CIRCLE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33415 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

DONEGALE INC. D/B/A EJC TRUCKING

1320 Lee Rd. ~ Pembroke, Ga. 31321 ~ USA Phone 912-823-9847 ~ Fax 912-823-9848 - 47 ~ Cell -912- 536-6945 Home Phone Toll Free - 888-346-7217 ~ Email ejcass@bulloch.net

7/14/00

TO:

Florida Dept. Of State

**Division of Corporations** 

RE:

2000 UBR # SO2468

To Whom It May Concern:

I'm Confused, I received the enclosed UBR in the mail this past week, and called your Dept. And as per telephone conversation with a representative from your Department, I Was informed that a letter was mailed regarding omission of part 2 and 3 of your form 2000 Uniform Business report, that was originally filed in April of 2000. This Letter was Supposed to have been mailed on June 12, 2000. I never received this letter, (Why the wait Between the end of April 2000, and June 12th 2000.) And I was not aware There was a Problem with the original form. This came to my attention as a result Of receiving this Second notice form, which precipitated my call to your office. I am, therefore, Returning this form with Parts 2 and 3 completed as per telephone instruction (confused Again, as block # 1 is correct, so why does a change have to be entered in block # 2) And Also a Copy of my cancelled checks for the original fee and ask that you kindly waive the

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