

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S58852

1. Entity Name

SEMINOLE SUBS., INC.

Principal Place of Business

640 W TENNESSEE ST
TALLAHASSEE FL 32304

Mailing Address

640 W TENNESSEE ST
TALLAHASSEE FL 32304-7909
US

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

59-3070574

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROOM, MARK CPA
418 E VIRGINIA ST
TALLAHASSEE FL 32301

Name

Groom, Matt CPA

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

418 E Virginia St

City

Tallahassee

FL

Zip Code

32301

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

(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, 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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WHITLEY, MARK P.	
STREET ADDRESS	10663 LAKE IAMONIA DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	CHICHESTER, DANIEL R.	
STREET ADDRESS	1305 E. WINDWOOD WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COGGIN, AL	
STREET ADDRESS	2646 STONERIDGE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCARHTY, SCOTT	
STREET ADDRESS	1454 VALLEY CREEK DR	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chichester Daniel R	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coggin Al	
STREET ADDRESS	SAME	
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
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-17-00

850 524 0371

CR2E034 (9/99)