

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S65531

1. Entity Name

ENNEKING EAST, INC.

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90188 037 \*\*\*150.00

Principal Place of Business

Mailing Address

POST OFFICE BOX 444  
MELROSE FL 32666

C/O MARK SCARBOROUGH  
2504 NW 24TH TERRACE  
GAINESVILLE FL 32605-2819  
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

65-0345074

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

BOVAY, JOHN C  
633 NW 8TH AVENUE  
GAINESVILLE FL 32601

Name

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

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ENNEKING, WILLIAM F.  
CITY-ST-ZIP POST OFFICE BOX 444 ((N/A))  
MELROSE FL 32666

TITLE ☐ Delete  
NAME P  
STREET ADDRESS ENNEKING, WILLIAM F.  
CITY-ST-ZIP P.O. BOX 257 ((N/A))  
TERRA CIA FL 32666

TITLE ☐ Delete  
NAME S  
STREET ADDRESS IVEY, OLIVIA E.  
CITY-ST-ZIP 4601 NW 29TH TERRACE  
GAINESVILLE FL

TITLE ☐ Delete  
NAME T  
STREET ADDRESS SCARBOROUGH, MARK  
CITY-ST-ZIP 2504 NW 24TH TERRACE  
GAINESVILLE FL 32605

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-00

352 3724501

Date

Daytime Phone #

CR2E034 (9/99)