

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S87969

1. Entity Name

AAA BUCHANAN & ASSOCIATES, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90022 014 ***150.00

Principal Place of Business

Mailing Address

316 W CENTRAL AVE
 #414
 WINTER HAVEN FL 33880
 US

P.O. BOX 7092
 WINTER HAVEN FL 33883-7092
 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 **59-3089632**

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

7. Name and Address of New Registered Agent

GILLIS, NANCY
 316 W CENTRAL AVE
 #414
 WINTER HAVEN FL 33880

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 VS
 NAME GILLIS, NANCY
 STREET ADDRESS 521 W. CENTRAL AVE
 CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Delete

TITLE
 NAME
 STREET ADDRESS 316 W. Central Ave #414 ☒ Change ☐ Addition
 CITY-ST-ZIP

TITLE PT
 NAME PEELER, GARY A
 STREET ADDRESS 521 W CENTRAL AVE
 CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Delete

TITLE
 NAME
 STREET ADDRESS 316 W. Central Ave #414 ☒ Change ☐ Addition
 CITY-ST-ZIP

TITLE D
 NAME GILLIS, RAYMOND F
 STREET ADDRESS 521 W CENTRAL AVE
 CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Delete

TITLE
 NAME
 STREET ADDRESS 316 W. Central Ave #414 ☒ Change ☐ Addition
 CITY-ST-ZIP

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)