

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S97837

1. Entity Name

B AND S CATTLE COMPANY, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90091 018 \*\*\*150.00

Principal Place of Business

Mailing Address

6291 OAKSIDE MEADOW LN  
DELEON SPRINGS FL 32130  
US

6291 OAKSIDE MEADOW LN  
DELEON SPRINGS FL 32130-1219

2. Principal Place of Business

6190 OAKSIDE MEADOW LN

3. Mailing Address

P.O. Box 1219

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deleon Springs FL

City & State

Deleon Springs FL

Zip  
32130

Country  
USA

Zip  
32130

Country  
USA

4. FEI Number 59-3095293

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

BURROWS, MARY ELLEN  
6291 OAKSIDE MEADOW LANE  
DELEON SPRINGS FL 32130

Name Mary Ellen Burrows

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

6190 OAKSIDE MEADOW LN

City Deleon Springs

FL

Zip Code 32130

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

TITLE OTD ☐ Delete

NAME BURROWS, MARY ELLEN  
STREET ADDRESS 6291 OAKSIDE MEADOWS LN  
CITY-ST-ZIP DELEON SPRINGS FL

TITLE VSD ☐ Delete

NAME BURROWS, BILL JR  
STREET ADDRESS 6291 OAKSIDE MEADOWS LN  
CITY-ST-ZIP DELEON SPRINGS FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)