

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V11339

1. Entity Name

DIXIE D. ASBURY, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90036 012 ***150.00

Principal Place of Business

Mailing Address

253 INTERLAKE BLVD.
LAKE PLACID FL 33852

253 INTERLAKE BLVD.
LAKE PLACID FL 33852-9621

00024639



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

255 Interlake Blvd

255 Interlake Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Placid FL

City & State

Lake Placid FL

4. FEI Number

65-0315026

Applied For

Not Applicable

Zip

Country

33852

USA

Zip

Country

33852

USA

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

ASBURY, DIXIE D
255 E INTERLAKE BLVD
PO BOX 931
LAKE PACID FL 33825

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

Dixie D. Asbury
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/16/00

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 PD
NAME ASBURY, DIXIE D.
STREET ADDRESS 253 INTERLAKE BLVD
CITY-ST-ZIP LAKE PLACID FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Dixie D. Asbury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/16/00 (863) 465-2616

Daytime Phone #

CR2E034 (9/99)