

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V31586

1. Entity Name

MYRTLE SLOUGH CANAL MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

ROUTE 2, BOX 1210
CLEWISTON FL 33440

ROUTE 2, BOX 1210
CLEWISTON FL 33440-9618

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 65-0402845

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

SOUD, CAREY
RT 2 BOX 1210
SUITE 3200
CLEWISTON FL 33440

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	DPC	BECHER, JAMES C JR	RT 2 BOX 1210 CLEWISTON FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DT	STANLEY, RONALD J	C/O THE BANK OF NY, ONE WALL ST NEW YORK NY	<input type="checkbox"/> Delete		DT	Stanley, Ronald	Rt. 2 Box 1210 Clewiston, FL 33440	(address change) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	DS	SOUD, CAREY	C/O THE BANK OF NY, ONE WALL ST NEW YORK NY	<input type="checkbox"/> Delete		DS	CAREY Soud	Rt. 2 Box 1210 Clewiston, FL 33440	(address change) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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:

Carey Soud
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00 941 983 2135
Date Daytime Phone #

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90048 009 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)