

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046530

1. Entity Name

FAGAN II, INC.

Principal Place of Business

2501 W. KRAFT COURT
DUNNELLON FL 34434

Mailing Address

2501 W. KRAFT COURT
DUNNELLON FL 34434-5730

2. Principal Place of Business

10765 N. WISE OWL PT.
Suite, Apt. #, etc.

3. Mailing Address

10765 N. WISE OWL PT.
Suite, Apt. #, etc.

City & State

DUNNELLON, FL

City & State

DUNNELLON, FL

4. FEI Number

45-0934700

Applied For

Not Applicable

Zip

Country

34434

Zip

Country

34434

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

POST, WILLIAM A
20702 W. PENN AVE.
DUNNELLON FL 34431

Name

WILLIAM L. FAGAN

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

10765 N. WISE OWL PT.
City DUNNELLON FL Zip Code 34434

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 William L. Fagan, Pres. (WILLIAM L. FAGAN, PRES.) 4-7-00

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	D	<input type="checkbox"/> Delete
NAME	FAGAN, WILLIAM	
STREET ADDRESS	2501 W. KRAFT COURT	
CITY - ST - ZIP	DUNNELLON FL 34434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10765 N. WISE OWL PT.	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: William L. Fagan (WILLIAM L. FAGAN, PRES.) 4-7-00 (352) 487-7362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90112 020 ***150.00



DO NOT WRITE IN THIS SPACE