

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90013 037 ***150.00

DOCUMENT # 240765

1. Entity Name

GOLDEN RULE GROCERY, INC.

Principal Place of Business

17505 SOUTH FEDERAL HIGHWAY
 PERRINE FL 33157

Mailing Address

17505 SOUTH FEDERAL HIGHWAY
 PERRINE FLA 33157-5435

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

59-0936686

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

MULLINS, WILLIAM B
18045 SW 77TH AVE.
PERRINE FL 33157

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	P	<input type="checkbox"/> Delete
NAME	MULLINS, WILLIAM BEN	
STREET ADDRESS	18045 S.W. 77TH AVE.	
CITY-ST-ZIP	PERRINE FL 33157	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MULLINS, MARGARET LAVERNE	
STREET ADDRESS	18045 S.W. 77TH AVE.	
CITY-ST-ZIP	PERRINE FL 33157	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MULLINS, BEN JEFFREY	
STREET ADDRESS	7460 SW 164 STREET	
CITY-ST-ZIP	PERRINE FL 33157	
TITLE	S	<input type="checkbox"/> Delete
NAME	MULLINS, LISA ANNETTE	
STREET ADDRESS	9400 SW 180TH STREET	
CITY-ST-ZIP	PERRINE FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. B. Mullins **W. B. MULLINS**

Date

Daytime Phone #

4-25-00-305-2350661

CR2E034 (9/99)