

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 300954

1. Entity Name

GARDNER'S SUPER MARKETS, INC., #4

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90072 011 \*\*\*150.00

Principal Place of Business

Mailing Address

31 OCEAN DRIVE  
 NORTH KEY LARGO FL 33037  
 US

C/O LAWRENCE M. PLOUCHA  
 1946 TYLER STREET  
 HOLLYWOOD FL 33020-4517  
 US

2. Principal Place of Business

26 Dockside Lane

3. Mailing Address

Suite, Apt. #, etc.

Ocean Reef Club

Suite, Apt. #, etc.

City & State

North Key Largo, FL

City & State

4. FEI Number

59-1108709

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

Zip

Country

33037

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLOUCHA, LAWRENCE M. E  
 ATKINSON, DINER, STONE, BLACK & MANKUTA, P.A.  
 1946 TYLER STREET  
 HOLLYWOOD FL 33020

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

*Maurice D. Adams*

MAURICE D. ADAMS, Pres.

2/9/2000

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, JOSEPH T.	NAME	
STREET ADDRESS	9351 SW 56TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, MAURICE D.	NAME	
STREET ADDRESS	9351 SW 56TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	STDV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, ELIZABETH	NAME	
STREET ADDRESS	9351 SW 56TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, LOUISE G	NAME	
STREET ADDRESS	9351 SW 56TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

*Maurice D. Adams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAURICE D. ADAMS PRES.

2/9/2000

Date

305 255 0409

Daytime Phone #

CR2E034 (9/99)