

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 230966

1. Entity Name

C.D. PETRIE, INC.

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90014 019 ***550.00

Principal Place of Business

2745 E. OAKLAND PARK BLVD.
P.O. BOX 11179
FORT LAUDERDALE FLA 33339-1179
US

Mailing Address

2745 E. OAKLAND PARK BLVD.
P.O. BOX 11179
FORT LAUDERDALE FLA 33339-1179
US

2. Principal Place of Business

5900 N. Andrews Ave

3. Mailing Address

5900 N. Andrews Ave

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale FL

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

59-0937022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAMMIG, LAUREL L
401 E JACKSON ST
SUITE 1700
TAMPA FL 33602

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	PETRIE SR, CARLTON D	
STREET ADDRESS	2601 NE 13 COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PETRIE, C. DANIEL	
STREET ADDRESS	800 SE 4TH ST., #402	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	PETRIE, BETTY K	
STREET ADDRESS	2601 NE 13 COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIMBELL, CAROL	
STREET ADDRESS	2601 NE 13 COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Hyatt Brown	
STREET ADDRESS	220 S. Ridgewood Ave.	
CITY-ST-ZIP	Daytona Beach FL 32114	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas E Riley	
STREET ADDRESS	5900 N Andrews Ave., Ste. 300	
CITY-ST-ZIP	Ft. Lauderdale FL 33309	
TITLE	Vice-President/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laurel L. Grammig	
STREET ADDRESS	401 E Jackson St., Ste. 1700	
CITY-ST-ZIP	Tampa FL 33602	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim W. Henderson	
STREET ADDRESS	220 S. Ridgewood Ave.	
CITY-ST-ZIP	Daytona Beach FL 32114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #