

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # 277131**1. Entity Name
CITY PROVISIONERS, INC.

Principal Place of Business

757 S. NOVA ROAD

ORMOND BEACH
32174

FL

Mailing Address

P.O. BOX 2063

DAYTONA BEACH
32115

FL

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

59-1037769

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRANK, HARVEY
757 S. NOVA ROADORMOND BEACH
32174

FL

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)

01/27/2001

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, 2001 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	V	<input type="checkbox"/> Delete
NAME	FRANK ANDREA	
STREET ADDRESS	127 BUCKSKIN LN	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRANK LINDA	
STREET ADDRESS	1 JOHN ANDERSON DR, UNIT 612	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BENDIX, JOSEPH	
STREET ADDRESS	757 S. NOVA ROAD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	FRANK, LARRY	
STREET ADDRESS	127 BUCKSKIN LN	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FRANK, HARVEY	
STREET ADDRESS	1 JOHN ANDERSON DR, UNIT 612	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROGERS, RICHARD	
STREET ADDRESS	577 PELICAN BAY DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	

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	
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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: Harvey Frank

CHM

01/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)