

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 344042

1. Entity Name

WAUCHULA FEED STORE INC

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90058 044 ***150.00

Principal Place of Business

302 W MAIN ST
P. O. BOX 1209
WAUCHULA FL 33873-2824

Mailing Address

302 W MAIN ST
P. O. BOX 1209
WAUCHULA FLA 33873-1209

2. Principal Place of Business

302 W Main St
Suite, Apt. #, etc.
PO Box 1209

3. Mailing Address

PO Box 1209
Suite, Apt. #, etc.

City & State

Wauchula FL

City & State

Wauchula FL

Zip

33873

Country

Hardee

Zip

33873

Country

Hardee

6. Name and Address of Current Registered Agent

SPEARS, A. RAY
HOLLAND TOWN ROAD
WAUCHULA FL 33873

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 \$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

TITLE	DST	<input type="checkbox"/> Delete
NAME	SPEARS, LOCA	
STREET ADDRESS	HOLLAND TOWN ROAD	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPEARS, MICHAEL RAY	
STREET ADDRESS	HOLLAND TOWN ROAD	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SPEARS, RAY	
STREET ADDRESS	HOLLAND TOWN ROAD	
CITY-ST-ZIP	WAUCHULA FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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:

Loca L. Spears Secy Treas

3-29-00

863-7733221

Date

Daytime Phone #

CR2E034 (9/99)