

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **373903**

1. Entity Name

14TH STREET FOODWAY, INC.

FILED

00 MAY 17 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**BRADENTON
FL**

**2004 145T WEST
BRADENTON FL 34205**

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

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

59-1308986

BRADENTON FL

34205

MANATEE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARNOLD STANALAND
2923 MANATEE AVE WEST
BRADENTON FL 34205**

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

[Handwritten Signature]

5-4-00

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 \$160.00

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 **PRESIDENT** Delete
NAME **ARNOLD STANALAND**
STREET ADDRESS **2923 MANATEE AVE W.**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** Delete
NAME **KEVIN STANALAND**
STREET ADDRESS **14711 7TH AVE EAST**
CITY-ST-ZIP **BRADENTON FL ~~34205~~ 34202**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

300003282079--8

-06/09/00--01008--013

******150.00 ****150.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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

KEVIN STANALAND
SECRETARY

Date

Daytime Phone #

5-4-00

941-746-7197

CR2E034 (9/99)