

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90104 001 \*\*\*300.00

**DOCUMENT # 377428**

1. Entity Name  
**PARKWAY FOOD SERVICE, INC.**

Principal Place of Business      Mailing Address  
**5160-140TH AVE NORTH**      **5160-140TH AVE NORTH**  
**CLEARWATER FL 34620**      **CLEARWATER FL 33760-3753**

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 **59-1314281**      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  
**CAUGHEY, DANIEL P**  
**5080 CROSS PT DR.**  
**OLDSMAR FL 34677**

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 *Daniel P. Caughey*      *Daniel P. Caughey*      3-24-2000

Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when terminating) 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 <sup>VS</sup>**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>REESE, JAMES H.</b> <b>2869 WEATHERSFIELD CT.</b> <b>CLEARWATER FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>REESE, DAVID L</b> <b>325 DRAGON ROUGE DR</b> <b>GREENSBURG PA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARKER, JAMES H</b> <b>2210 BATTENKILL LANE</b> <b>GIBSONIA PA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>REESE, CAROL, M</b> <b>2869 WEATHERFIELD CT</b> <b>CLEARWATER FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CAUGHEY, DANIEL P</b> <b>5080 CROSS PT DR</b> <b>OLDSMAR FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>REESE, MARJORIE</b> <b>325 DRAGON ROUGE DR</b> <b>GREENSBURG PA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James H. Reese*      Date: \_\_\_\_\_      Daytime Phone #: 3/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)