

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 377428**

1. Entity Name

**PARKWAY FOOD SERVICE, INC.****FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

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

Principal Place of Business

Mailing Address

**5160-140TH AVE NORTH  
CLEARWATER FL 34620****5160-140TH AVE NORTH  
CLEARWATER FL 33760-3753**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1314281**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

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

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 changing)

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	REESE, JAMES H.	
STREET ADDRESS	2869 WEATHERSFIELD CT.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REESE, DAVID L	
STREET ADDRESS	325 DRAGON ROUGE DR	
CITY-ST-ZIP	GREENSBURG PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, JAMES H	
STREET ADDRESS	2210 BATTENKILL LANE	
CITY-ST-ZIP	GIBSONIA PA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REESE, CAROL, M	
STREET ADDRESS	2869 WEATHERFIELD CT	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAUGHEY, DANIEL P	
STREET ADDRESS	5080 CROSS PT DR	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REESE, MARJORIE	
STREET ADDRESS	325 DRAGON ROUGE DR	
CITY-ST-ZIP	GREENSBURG PA	

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	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)