

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 574511

1. Entity Name

BERNICE'S, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90252 033 ***150.00

Principal Place of Business

Mailing Address

231 SOUTH FLORIDA AVE.
LAKELAND FL 33801-4621
US

2115 SOUTH FLORIDA AVE
LAKELAND FL 33803-7224
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1838241**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CLEGHORN, T.J.
1904 DELCREST DRIVE
LAKELAND FL 33803

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
CLEGHORN, BERNICE S.
2626 NEVADA ROAD
LAKELAND FL

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TRUSTEE
ROBERT A. CLEGHORN
2115 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CLEGHORN, JACK
1904 DELCREST PL.
LAKELAND FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
MOORE, HENRIETTA (ASS'T)
11 IMPERAIL DR.
LAKELAND FL

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: Robert A. Cleghorn Trustee **ROBERT A. CLEGHORN TRUSTEE** 4/12/00 863/687-4410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #