

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 646774

1. Entity Name

AARON'S COUNTRY STORE, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90274 012 ***150.00

0062467

Principal Place of Business
2401 EAST SOUTH STREET
ORLANDO FL 32803

Mailing Address
2401 EAST SOUTH STREET
ORLANDO FL 32803

818689



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1981677

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

ANNE
LEAVITT, ANNEN-B
2401 EAST SOUTH STREET
ORLANDO FL 32803
1011 S. ORLANDO AVE
MAITLAND, FLORIDA
32751

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, 2001 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 P
NAME LEAVITT, AARON M.
STREET ADDRESS 2401 EAST SOUTH STREET
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1011 S. ORLANDO AVE.
CITY-ST-ZIP MAITLAND, FLORIDA 32751

TITLE ST
NAME LEAVITT, ANNE B
STREET ADDRESS 2401 EAST SOUTH STREET
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS (SAME AS ABOVE)
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)