

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 853082

1. Entity Name

PLANMARK, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90071 028 ***150.00

Principal Place of Business % SUPER VALU STORES. INC. CORP. TAX DEPT. P.O. BOX 990 MINNEAPOLIS MN 55440	Mailing Address % SUPER VALU STORES. INC. CORP. TAX DEPT. P.O. BOX 990 MINNEAPOLIS MN 55440-0990
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **41-1425949**

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	VPS	<input type="checkbox"/> Delete
NAME	BREEDLOVE, JOHN P.	
STREET ADDRESS	11840 VALLEY VIEW RD.	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PD	<input type="checkbox"/> Delete
NAME	RYAN, THOMAS P	
STREET ADDRESS	11840 VALLEY VIEW ROAD	
CITY-ST-ZIP	EDEN PRAIRIE MN	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VT	<input type="checkbox"/> Delete
NAME	HILLSTROM, RODNEY J.	
STREET ADDRESS	11840 VALLEY VIEW ROAD	
CITY-ST-ZIP	EDEN PRAIRIE MN	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> Delete
NAME	AZIZI, SHER A.	
STREET ADDRESS	11840 VALLEY VIEW ROAD	
CITY-ST-ZIP	EDEN PRAIRIE MN	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> Delete
NAME	STEBBINS, KENNETH	
STREET ADDRESS	11840 VALLEY VIEW ROAD	
CITY-ST-ZIP	EDEN PRAIRIE MN	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VP	<input type="checkbox"/> Delete
NAME	KILGRIFF, STEPHEN P.	
STREET ADDRESS	11840 VALLEY VIEW ROAD	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	

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)