

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90077 017 ***558.75

DOCUMENT # F47373

1. Entity Name

PIPELINE FOOD STORES, INC.

100

Principal Place of Business

Mailing Address

**42 SLEEPY HOLLOW RD.
P.O. BOX 8
DOCTORS INLET FL 32030**

**42 SLEEPY HOLLOW RD.
P.O. BOX 8
DOCTORS INLET FL 32030-0008**

2. Principal Place of Business

3. Mailing Address

42 Sleepy Hollow Road

P.O. Box, 8

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Middleburg, FL.

City & State

Doctors Inlet, FL.

Zip

32068

Country

USA

Zip

32030

Country

USA

4. FEI Number

59-2128570

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32201**

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 **CP** ☐ Delete
NAME **ASHBY, GEORGE H., JR.**
STREET ADDRESS **42 SLEEPY HOLLOW ROAD**
CITY-ST-ZIP **DOCTORS INLET FL**

TITLE **C/P** ☒ Change ☐ Addition
NAME **Ashby, George H. Jr.**
STREET ADDRESS **42 Sleepy Hollow Road**
CITY-ST-ZIP **Middleburg, FL. 32068**

TITLE **V** ☒ Delete
NAME **EYRICK, PETER T.**
STREET ADDRESS **42 SLEEPY HOLLOW RD.**
CITY-ST-ZIP **DOCTORS INLET FL**

TITLE **V** ☐ Change ☒ Addition
NAME **LaMont, Charles A.**
STREET ADDRESS **42 Sleepy Hollow Road**
CITY-ST-ZIP **Middleburg, FL. 32068**

TITLE **VPC** ☒ Delete
NAME **GAINNEY, TONI**
STREET ADDRESS **42 SLEEPY HOLLOW RD**
CITY-ST-ZIP **DOCTORS INLET FL**

TITLE **V** ☐ Change ☒ Addition
NAME **Coogan, Clark**
STREET ADDRESS **42 Sleepy Hollow Road**
CITY-ST-ZIP **Middleburg, FL. 32068**

TITLE **S** ☒ Delete
NAME **KOSCIANSKI, MARILYN**
STREET ADDRESS **42 SLEEPY HOLLOW RD**
CITY-ST-ZIP **DOCTORS INLET FL**

TITLE **S** ☐ Change ☒ Addition
NAME **Alfred, Alicia**
STREET ADDRESS **42 Sleepy Hollow Road**
CITY-ST-ZIP **Middleburg, FL. 32068**

TITLE **DM** ☒ Delete
NAME **BENDER, STEVE**
STREET ADDRESS **42 SLEEPY HOLLOW RD**
CITY-ST-ZIP **DOCTORS INLET 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

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.

CONTACT CLARK S. COOGAN

George H. Ashby, Jr. 2/1/00 (904)272-9548

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #