

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G15050

1. Entity Name

PARRISH GROCERY, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90012 027 ***150.00

Principal Place of Business

Mailing Address

2011 CALUSA LAKES BLVD
1101 - 22D AVE WEST
NOKOMIS FL 34275
US

2011 CALUSA LAKES BLVD.
1101 - 22D AVE WEST
NOKOMIS FL 34275-5324
US



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 **59-2245685**

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

RYS, IRENE ANTONETTE
2011 CALUSA LAKES BLVD
NOKOMIS FL 34275

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	DP	<input type="checkbox"/> Delete
NAME	RYS, IRENE ANTONETTE	
STREET ADDRESS	2011 CALUSA LAKES BLVD	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYS, JANICE MARY	
STREET ADDRESS	2011 CALUSA LAKES BLVD	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYS, JOHN MICHAEL	
STREET ADDRESS	2011 CALUSA LAKES BLVD	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

3-24-00

Date

941-484-5723

Daytime Phone #

CR2E034 (9/99)