

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**  
 02-10-2000 90035 042 \*\*\*150.00

**DOCUMENT # J17695**

1. Entity Name

**AVON PARK FEED AND WESTERN WEAR, INC.**

Principal Place of Business

**AVON PARK FEED & WESTERN WEAR, INC.**  
**1110 W STATE ST.**  
**AVON PARK FL 33825**  
**US**

Mailing Address

**AVON PARK FEED & WESTERN WEAR, INC.**  
**1110 W STATE ST.**  
**AVON PARK FL 33825-3538**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2709956**

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

**JACKSON, MORTIMER**  
**1110 WEST STATE STREET**  
**AVON PARK FL 33825**

Name

**Mortimer Jackson Jr.**

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

**1110 West State Street**

City

**Avon Park, Fl. 33825**

**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, 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. ☐

**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	PD	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, MORTIMER	
STREET ADDRESS	1110 W. STATE ST.	
CITY-ST-ZIP	AVON PARK FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, NANCY R.	
STREET ADDRESS	1110 W. STATE ST.	
CITY-ST-ZIP	AVON PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mortimer Jackson Jr.	
STREET ADDRESS	37 East Monroe	
CITY-ST-ZIP	Avon Park, Fl. 33825	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffery D. Jackson	
STREET ADDRESS	227 No. Roberts Road	
CITY-ST-ZIP	Avon Park, Fl. 33825	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 #

**863-453-5874**

CR2E034 (9/99)