

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J27645

1. Entity Name

BAILEY'S FARMERS MARKET, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90027 013 ***150.00

Principal Place of Business

1211 W. Fairfield Dr.
Pensacola, FL 32501

Mailing Address

1211 W. Fairfield Dr.
Pensacola, FL 32501

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

59-2731273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00049288

6. Name and Address of Current Registered Agent

DAVID E. BAILEY
1211 W. Fairfield Dr.
Pensacola, FL 32501

7. Name and Address of New Registered Agent

Name

Douglas L. Bailey

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

2335 W. 9 Mile Road

City

Pensacola

FL

Zip Code
32534

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

Douglas L. Bailey
Signature, typed or printed name of registered agent and title if applicable

PRESIDENT

4-28-00

(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

TITLE	PD	<input type="checkbox"/> Delete
NAME	Douglas L. Bailey	
STREET ADDRESS	2335 W. 9 Mile Road	
CITY-ST-ZIP	Pensacola, FL 32534	
TITLE	D	<input type="checkbox"/> Delete
NAME	Barbara Bailey	
STREET ADDRESS	2335 W. 9 Mile Road	
CITY-ST-ZIP	Pensacola, FL 32534	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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

Douglas L. Bailey

850-434-7644

Date

Daytime Phone #

CR2E034 (9/99)