

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K49234

1. Entity Name

SAFE WAY CONCEPTS OF LAKE LAND, INC.

Principal Place of Business

2530 DAWN HEIGHTS  
LAKE LAND FL 33801  
US

Mailing Address

P.O. BOX 6990  
LAKE LAND FL 33807-6990  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BENSON, VERNON  
106 ELM SQUARE SOUTH  
LAKE LAND FL 33813

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BENSON, VERNON	
STREET ADDRESS	106 ELM SQUARE SOUTH	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENSON, NATHAN	
STREET ADDRESS	446 LOUIS EDWARD CT	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENSON, SHAD	
STREET ADDRESS	2130 PARKER ROAD	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENDICKSON, CURTIS	
STREET ADDRESS	6327 CHRISTINA GROVES CIRCLE WEST	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENDICKSON, SHAWN	
STREET ADDRESS	6327 CHRISTINA GROVES CIRCLE WEST	
CITY-ST-ZIP	LAKE LAND FL	
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		
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 #

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90049 014 \*\*\*150.00

00054437



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2926176**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (9/99)