

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L14310

1. Entity Name

THE BOY'S FARMERS MARKET, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90024 030 \*\*\*150.00

906471



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

14378 MILITARY TRAIL  
DELRAY BEACH FL 33484-2626

14378 MILITARY TRAIL  
DELRAY BEACH FL 33484-2626

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0159043

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

SCHILLINGER, LEE H  
4601 SHERIDAN STREET, SUITE 202  
HOLLYWOOD FL 33021

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 P/D ☐ Delete  
NAME PALERMO, LINDA  
STREET ADDRESS 14378 MILITARY TRAIL  
CITY-ST-ZIP DELRAY BEACH FL 33484-2626

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CEO ☐ Delete  
NAME PALERMO, JOSEPH II  
STREET ADDRESS 14378 MILITARY TRAIL  
CITY-ST-ZIP DELRAY BEACH FL 33484-2626

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPO ☐ Delete  
NAME PALERMO, JOSEPH III  
STREET ADDRESS 14378 MILITARY TRAIL  
CITY-ST-ZIP DELRAY BEACH FL 33484-2626

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME PALERMO, ANDREA  
STREET ADDRESS 14378 MILITARY TRAIL  
CITY-ST-ZIP DELRAY BEACH FL 33484-2626

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME PALERMO, MICHAEL  
STREET ADDRESS 14378 MILITARY TRAIL  
CITY-ST-ZIP DELRAY BEACH FL 33484-2626

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME PALERMO, FRANK  
STREET ADDRESS 14378 MILITARY TRAIL  
CITY-ST-ZIP DELRAY BEACH FL 33484-2626

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.

SIGNATURE: *Michael Palermo* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)