

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50027

1. Entity Name

MAIN STREET PERRY, INC.

Principal Place of Business

Mailing Address

229 N. JEFFERSON ST.  
PERRY FL 32347  
US

PO BOX 2002  
PERRY FL 32348-8002  
US

2. Principal Place of Business

3. Mailing Address

107 E. Green St.

Suite, Apt. #, etc.

Perry Fla.

City & State

32347

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3142872

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

SHEFFIELD, VIVIAN W.  
1027 N. JEFFERSON ST.  
PERRY FL 32347

Name Kim F. Young

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

107 E. Green St.  
Perry Fla. 32347

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

Kim F. Young Program Director 4/20/00

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME OLSON, CLAY  
STREET ADDRESS 203 FOREST PARK DR  
CITY-ST-ZIP PERRY FL



TITLE VD  
NAME WILLIAMS, GIL  
STREET ADDRESS 310 GLENRIDGE  
CITY-ST-ZIP PERRY FL 32347



TITLE SD  
NAME THEIS, ELLEN  
STREET ADDRESS 203 CRESTBROOK  
CITY-ST-ZIP PERRY FL 32347



TITLE D  
NAME HUNTFORD, WYNETTE  
STREET ADDRESS 102 E MAIN ST  
CITY-ST-ZIP PERRY FL 32347



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



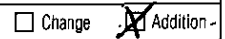
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



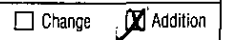
TITLE  
NAME Bob Vandebrake  
STREET ADDRESS 106 E. Main St.  
CITY-ST-ZIP Perry, Fla. 32347



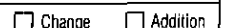
TITLE  
NAME Amalia Barrett  
STREET ADDRESS 117 E. Green St.  
CITY-ST-ZIP Perry, Fla. 32347



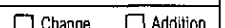
TITLE  
NAME Kim F. Young  
STREET ADDRESS 200 N. Washington St.  
CITY-ST-ZIP Perry, Fla. 32347



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Clay Olson 4-20-00

Date

Daytime Phone #

850-838-2644

CR2E037 (9/99)