

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082505

1. Entity Name
WORMACK'S PLACE, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90134 043 ***150.00

Principal Place of Business

Mailing Address

38235 MOSSTOWN ROAD
DADE CITY FL 33523

38235 MOSSTOWN ROAD
DADE CITY FL 33523

2. Principal Place of Business

3. Mailing Address

P.O. Box 528

209 S. Duval Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lacoochee, FL

City & State

Quincy, FL 32351

4. FEI Number

59-3670087

Applied For

Not Applicable

Zip

Country

33525

Zip

Country

32351

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

WORMACK, WILLIE L
38235 MOSSTOWN ROAD
DADE CITY FL 33523

Name Wormack, Willie L.

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

City Quincy

FL

Zip Code 32351

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 W.L. Wormack, Willie L. Wormack

4/28/01

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)

X

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP
Willie L. Wormack ☐ Delete
209 S. Duval Street Director
Quincy, FL 32351

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete
Chloe K. Wormack ☐ Delete
P.O. Box 38260 Church Street
Umatilla, FL 32784

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

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:

W.L. Wormack, Willie L. Wormack

4/28/01

(850)251-3326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)