

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90376 046 \*\*\*150.00

**DOCUMENT # P00000086665**

1. Entity Name

**WINTER SPRINGS FOOD MARKET, INC.**

Principal Place of Business

**147 WEST SR 434  
WINTER SPRINGS FL 32708**

Mailing Address

**147 WEST SR 434  
WINTER SPRINGS FL 32708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3676120**

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

**VAN, DAVID T**

**147 WEST SR 434**

**WINTER SPRINGS FL 32708**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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** ☐ Delete  
NAME **VAN, DAVID T**  
STREET ADDRESS **7510 PROMENADE DR #2017**  
CITY-ST-ZIP **WINTER PARK FL 32792**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **3823 HOLLOW CROSSING DR.**  
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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☐ Change ☐ Addition  
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☐ Change ☐ Addition  
TITLE  
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 REQUIRED**

**7/01/02**

**(407) 327-0098**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

7/01/02

FR:

WINTER SPRINGS FOOD MART  
147 West SR 434  
Winter Springs, FL 32708  
407-327-0098

Attachment

B0127855

To: Division of Corporations  
Uniform Business Report Filings

~~#~~1000008665

P.O. Box 1500

Tallahassee, FL 32302-1500

Dear! Sir/Mad,

Name is David Van. I am write this letter to inform that,  
I have been sending the check for 150.<sup>00</sup> out ~~to~~ file  
for 2002 about four month ago. I thing the mail  
get lost.

Thank You!

David Van