

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000016057

1. Entity Name

MY OLD KENTUCKY WAREHOUSE, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90092 047 ***150.00

Principal Place of Business

1705 LYNDAL BOULEVARD
MAITLAND FL 32751
US

Mailing Address

1705 LYNDAL BOULEVARD
MAITLAND FL 32789-2505
US

2. Principal Place of Business

1110 Keyes Avenue
Suite, Apt. #, etc.

3. Mailing Address

1110 Keyes Ave
Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip
32789

Country
USA

City & State

Winter Park, FL

Zip
32789

Country
USA

4. FEI Number

59-3172411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORRUELLA, TANIA M
1705 LYNDAL BOULEVARD
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name
Torruella, Tania
Street Address (P.O. Box Number is Not Acceptable)
1110 Keyes Ave
City
Winter Park FL Zip Code
32789

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	P	<input type="checkbox"/> Delete
NAME	TORRUELLA, TANIA M	
STREET ADDRESS	1705 LYNDAL BOULEVARD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	V	<input type="checkbox"/> Delete
NAME	YOUNG, KERRY E	
STREET ADDRESS	1705 LYNDAL BOULEVARD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORRUELLA, TANIA	
STREET ADDRESS	1110 Keyes Ave	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	VPS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Young, Kerry	
STREET ADDRESS	1110 Keyes Ave	
CITY-ST-ZIP	Winter Park, FL 32789	
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

2-11-00

Date

Daytime Phone #

CR2E034 (9/99)