

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000062876

1. Entity Name

YOUNG'S WHOLESALE, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90173 022 \*\*\*150.00

Principal Place of Business

Mailing Address

GULF BAY ROAD  
LONGBOAT KEY FL 34228

C/O WALTER SANDERS  
13910 N. DALE MABRY, SUITE 1  
TAMPA FL 33618-2440  
US

2. Principal Place of Business

3. Mailing Address  
*3355 Bears Ave*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
*Tampa, Florida*

Zip

Country

Zip  
*33618*

Country

4. FEI Number **65-0514767**

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

SANDERS, WALTER  
13910 N. DALE MABRY HIGHWAY  
SUITE 1  
TAMPA FL 33618

Name *Walter Sanders*  
Street Address (P.O. Box Number is Not Acceptable)  
*3355 Bears Ave*  
City *Tampa* FL Zip Code *33618*

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

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

*Walter Sanders*  
(NOTE: Registered Agent signature required when reinstating)

DATE

*3/8/00*

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	DP	<input type="checkbox"/> Delete
NAME	YOUNG, LESLIE	
STREET ADDRESS	524 GULF BAY ROAD	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	YOUNG, LISA	
STREET ADDRESS	524 GULF BAY RD	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

*Leslie J. Young* **REQUIRE** *LESIE J. YOUNG* *3-31-00* *941.383.7182*

CR2E034 (9/99)