

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070882

1. Entity Name

VILLAGE FARMERS MARKET, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90001 034 ***150.00

Principal Place of Business

8128 SR 54
NEW PORT RICHEY FL 34653
US

Mailing Address

~~PO BOX 149~~
~~PORT RICHEY FL 34856-1390~~
~~US~~

2. Principal Place of Business

3. Mailing Address

P.O. Box 1390

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
NEW PORT RICHEY FL

4. FEI Number 59-3269473

Applied For

Not Applicable

Zip

Country

Zip

34656

Country

US

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

HARRILL, J B
2435 US HWY 19 NORTH
SUITE 350
HOLIDAY FL 34691

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.

SIGNATURE

Jerrothy B. Indur

2/15/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CRIDER, TIMOTHY B
STREET ADDRESS 4050 JIB SAIL COURT
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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 #

CR2E034 (9/99)