

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State
04-09-2001 90068 048 ***150.00

0591237

DOCUMENT # P95000084917

1. Entity Name

THRIFT KORNER ORLANDO OF FLORIDA, INC.

Principal Place of Business

**2714 N PINE HILLS BLVD
ORLANDO FL 32808
US**

Mailing Address

**2806 N. ALVERNON WAY
TUCSON AZ 85719
US****C0043602**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3370426**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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, 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	<input type="checkbox"/> Delete
	PD	SEFEROS, JACQUELINE	2806 N. ALVERNON WAY TUCSON AZ 85712	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

	VPD	KITTRELL, KIRK	2806 N. ALVERNON WAY TUCSON AZ 85719	<input type="checkbox"/>
--	-----	----------------	---	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

	VPD	KITTRELL, LESLIE	124 TATE COURT ORLANDO FL	<input type="checkbox"/>
--	-----	------------------	------------------------------	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

				<input type="checkbox"/>
--	--	--	--	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

				<input type="checkbox"/>
--	--	--	--	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

				<input type="checkbox"/>
--	--	--	--	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

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 (10/00)