

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087554

1. Entity Name

FRED'S MEAD COMPANY

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90109 032 \*\*\*150.00

Principal Place of Business		Mailing Address	
6024 NW 54TH TERR GAINESVILLE FL 32653 US		6024 NW 54TH TERR GAINESVILLE FL 32653-3344 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number <b>59-3377251</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BUHL, ALFRED W 6024 NW 54TH TERR GAINESVILLE FL 32653				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. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUHL, ALFRED W			NAME			
STREET ADDRESS	6024 NW 54TH TERR			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32653			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BADOWSKI, RAY			NAME			
STREET ADDRESS	9716 NW 6TH PL.			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32607			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUHL, ALFRED W			NAME			
STREET ADDRESS	3800 S.W. ARCHER RD., #E-8			STREET ADDRESS	6024 NW 54th Ter		
CITY-ST-ZIP	GAINESVILLE FL 32608			CITY-ST-ZIP	Gainesville FL 32653		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BADOWSKI, RAY			NAME			
STREET ADDRESS	9716 NW 6TH PL			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32607			CITY-ST-ZIP			
TITLE	MVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DILGER, C BRADLEY			NAME			
STREET ADDRESS	616 NW 8TH PL			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Alfred W. Buhl **ALFRED W. BUHL** 4/14/2000 352 374-3648  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)