2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076597

1. Entity Name
MYERS FAMILY VENDING & DISTRIBUTION, INC

FILED
00 MAR 13 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 700334
ST. CLOUD, FL 34770

Mailing Address

2. Principal Place of Business
6069 LAMONTE ST.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 700334
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: ST. CLOUD, FL
Zip: 34771 Country: U.S.

City & State: ST. CLOUD, FL
Zip: 34770 Country: U.S.

4. FEI Number
59-3398633
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CHARLES F. MYERS
6069 LAMONTE ST.
ST. CLOUD, FL 34771

7. Name and Address of New Registered Agent
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. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHARLES H. MYERS 4501 S. SHORE DR ORLANDO, FL 32839	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/SECRETARY/D. CHARLES F. MYERS 6069 LAMONTE ST. ST. CLOUD, FL 34771	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARBARA J. MYERS 4501 S. SHORE DR. ORLANDO, FL 32839	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRESIDENT/TREAS/D. TERRY L. MYERS 6069 LAMONTE ST. ST. CLOUD, FL 34771	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100003180891--7 -03/23/00--01004--001 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change SP Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Terry L. Myers V. President 02/21/00 407-957-3843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #