

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 16, 2001 8:00 am
Secretary of State

05-16-2001 90248 026 ***150.00

DOCUMENT # 96000093192

1. Entity Name

Frier's Super Center of Middleburg, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2501 Blanding Blvd.

Suite, Apt. #, etc.

3. Mailing Address

12788 US 90 West

Suite, Apt. #, etc.

City & State

Middleburg, FL

City & State

Live Oak, FL

4. FEI Number

59-3411926

Applied For

Not Applicable

Zip

32068

Country

USA

Zip

32060

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Haley, William J.
10 North Columbia St.
Lake City, FL 32055

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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<u>D/P/S</u> <u>Frier, Matthew</u> <u>12788 US 90 West</u> <u>Live Oak, FL 32060</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<u>D/V</u> <u>Frier, Wayne</u> <u>12788 US 90 West</u> <u>Live Oak, FL 32060</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<u>D/T</u> <u>Frier, Todd</u> <u>12788 US 90 West</u> <u>Live Oak, FL 32060</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 (1/1/00)