

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096582

1. Entity Name

THE FRENCH GROCER, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90093 017 \*\*\*150.00

Principal Place of Business

Mailing Address

8535 BAYMEADOWS ROAD  
SUITE 40  
JACKSONVILLE FL 32256  
US

8535 BAYMEADOWS ROAD  
SUITE 40  
JACKSONVILLE FL 32256-7445  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3438240**

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

JACKSON, VICTOR P  
8535 BAYMEADOWS ROAD  
SUITE 40  
JACKSONVILLE FL 32256

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**D**  
**DEROY, MICHEL**  
**LA PIERRE, A ALLEE DU CEDRE**  
**37100 TOURS FRANCE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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**PD**  
**JACKSON, VICTOR P**  
**8535 BAYMEADOWS ROAD, SUITE 40**  
**JACKSONVILLE FL 32256**

TITLE  
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STREET ADDRESS  
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**STD**  
**FISH, W. DALE**  
**8535 BAYMEADOWS ROAD, SUITE 40**  
**JACKSONVILLE FL 32256**

TITLE  
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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: *Victor P Jackson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

Date

904) 730-9322

Daytime Phone #

CR2F034 (9/99)