

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90195 048 ***150.00

DOCUMENT # P97000004012

1. Entity Name

WEBB'S 99 OF TEMPLE TERRACE INC.

Principal Place of Business

**8829 56TH AVENUE
 TEMPLE TERRACE FL 33617**

Mailing Address

**PO Box 15569
 8829 56TH AVENUE
 TEMPLE TERRACE FL 33617
 BKSU FL
 34609**

2. Principal Place of Business

3. Mailing Address

PO Box 15569

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Brooksville, FL

Zip

Country

Zip

Country

34609

US

4. FEI Number **59-3452034**

Applied For

Not Applicable

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

WEBB, MARY E

**2035 Broad St.
 BROOKSVILLE FL 34609**

Name

Street Address (P.O. Box Number is Not Acceptable)

2035 Broad St.

City

Brooksville

FL

Zip Code

34609

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] President

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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	PD	<input type="checkbox"/> Delete
NAME	WEBB, MARY E	
STREET ADDRESS	11155 SUNSHINE GROVE ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WEBB, ROBERT T	
STREET ADDRESS	11155 SUNSHINE GROVE ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (352) 754-1225

Date

Daytime Phone #

CR2E034 (10/00)