

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90028 038 ***150.00

DOCUMENT # P97000034325

1. Entity Name

1-800-PARTYSHOP, INC.

Principal Place of Business

Mailing Address

**13300 US HWY 98
 SEBRING FL 33870**

**13300 US HWY 98
 SEBRING FL 33870-9616
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3447921**

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

**MACBETH, J ROSS
 2543 US 27 SOUTH
 SEBRING FL 33870**

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 **CEO** ☒ Delete
 NAME ~~LENGUEL, JOHN~~
 STREET ADDRESS ~~13300 US 98~~
 CITY-ST-ZIP ~~SEBRING FL 33870~~

TITLE **P** ☐ Change ☒ Addition
 NAME **DAVID LOGSDON**
 STREET ADDRESS **9811 ROSEWOOD DR**
 CITY-ST-ZIP **OVERLAND PK, KS 66207**

TITLE **CFO** ☐ Delete
 NAME **REED, ROBIN A**
 STREET ADDRESS **3755 RODEO DR S**
 CITY-ST-ZIP **SEBRING FL 33872**

TITLE **COO** ☐ Change ☒ Addition
 NAME **BILL WELLS**
 STREET ADDRESS **5533 EMERALD RIDGE BLVD**
 CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **ST** ☒ Delete
 NAME ~~ETICH, JAMES E~~
 STREET ADDRESS ~~13300 US HWY 98~~
 CITY-ST-ZIP ~~SEBRING FL 33870~~

TITLE **CAO** ☐ Change ☐ Addition
 NAME **WILLIAM T. CROSS**
 STREET ADDRESS **3718 CREEKSIDE DR**
 CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **D/C** ☐ Delete
 NAME ~~SMITH, LEONARD C-III~~
 STREET ADDRESS **2701 CHEYENNE ROAD**
 CITY-ST-ZIP **SEBRING FL 33872**

TITLE **D** ☐ Change ☐ Addition
 NAME **FREDERICK KEISER, MD**
 STREET ADDRESS **3601 S. HIGHLANDS AVE**
 CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **D/S/T** ☐ Delete
 NAME **WOHL, JERI B.**
 STREET ADDRESS **1800 STATE ROAD 17 SOUTH**
 CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **D** ☐ Change ☐ Addition
 NAME **KEVIN LEE MD**
 STREET ADDRESS **2737 CHEYENNE RD**
 CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **D/ceo** ☐ Delete
 NAME **WOHL, JIMMY**
 STREET ADDRESS **1800 SR 17 S**
 CITY-ST-ZIP **AVON PARK FL 33875**

TITLE **D** ☐ Change ☐ Addition
 NAME **WALTER S FARR**
 STREET ADDRESS **P.O. Box 995**
 CITY-ST-ZIP **WAUCHULA, FL 33873**

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 (9/99)

3-8-00

863
 655-5454 x 311