

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90312 002 \*\*\*150.00

**DOCUMENT # P97000034325**

1. Entity Name  
**1-800-PARTYSHOP, INC.**

Principal Place of Business  
**13300 US HWY 96**  
**SEBRING FL 33870**  
**US**

Mailing Address  
**13300 US HWY 96**  
**SEBRING FL 33870**  
**US**

**RUUJ6400**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3447921**

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

**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, 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 **P** ☒ Delete  
 NAME **LOGSDON, DAVID**  
 STREET ADDRESS **9811 ROSEWOOD DR**  
 CITY-ST-ZIP **SHAWNEE MISSION KS 66207**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **CAO** ☐ Change ☒ Addition  
 NAME **BILL CROSS**  
 STREET ADDRESS **3718 CREEKSIDE DR**  
 CITY-ST-ZIP **SEBRING, FL-33875**

TITLE **COO** ☐ Delete  
 NAME **WELLS, BILL**  
 STREET ADDRESS **5533 EMERALD RIDGE BVD**  
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)