

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000056212**

1. Entity Name

NORTHSIDE PACKAGE STORE, INCORPORATED

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90028 018 ***150.00

Principal Place of Business 925 N MAIN ST HAVANA FL 32333	Mailing Address 925 N MAIN ST HAVANA FL 32333-1211
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 925 N. MAIN ST.	3. Mailing Address 925 N. MAIN ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HAVANA, FLORIDA	City & State HAVANA, FLORIDA	4. FEI Number 59-3453698	Applied For <input type="checkbox"/> Not Applicable
Zip 32333	Country GADSDEN	Zip 32333	Country GADSDEN

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MORGAN, CLYDE L
3112 MAE RD
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name **CLYDE L. MORGAN**
 Street Address (P.O. Box Number is Not Acceptable)
3112 MAE RD
 City **TALLAHASSEE** FL Zip Code **32312**

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 *Clyde L. Morgan* (**CLYDE L. MORGAN**)
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, CLYDE 3112 MAE ROAD TALLAHASSEE FL 32312	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORGAN, LILLIE S 3112 MAE ROAD TALLAHASSEE FL 32312	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO CHANGE	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *Clyde L. Morgan* (**CLYDE L. MORGAN**) **Mar. 22, 2000** **850-539-4374**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #