

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058935

1. Entity Name

MEY - ZALE, CORP.

FILED

Mar 04, 2000 8:00 am  
Secretary of State

03-04-2000 90115 046 \*\*\*150.00

Principal Place of Business

Mailing Address

222 E STUART AVE  
LAKE WALES FL 33853

222 E STUART AVE  
LAKE WALES FL 33853-3713  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3454480

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

MEYER, KATHLEEN A  
222 EAST STUART AVENUE  
LAKE WALES FL 33853

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 PD  
NAME MEYER, KATHLEEN A  
STREET ADDRESS 227 KILMER LANE SOUTHEAST  
CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 960 N. HERON Circle  
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE STD  
NAME MEYER, LOGAN  
STREET ADDRESS 227 KILMER LANE SOUTHEAST  
CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 960 N. HERON Circle  
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: Kathleen A. Meyer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/2000 863 678 1870  
Date Daytime Phone #

CR2E034 (9/99)