

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075690

1. Entity Name

CIRCLE "D" VARIETY STORE, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90037 004 ***150.00

Principal Place of Business

Mailing Address

4299 WEST STATE RD 6
JASPER FL 32052

4299 WEST STATE RD 6
JASPER FL 32052-5001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3473375

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

DEROCCO, ROBIN
4976 NW 42ND PLACE
JASPER FL 32052

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	P	<input type="checkbox"/> Delete
NAME	DEROCCO, DAISY L	
STREET ADDRESS	4187 NW 49TH CT	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEROCCO, FREDRICK J	
STREET ADDRESS	4187 NW 49TH CT	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	S	<input type="checkbox"/> Delete
NAME	DEROCCO, ROBIN L	
STREET ADDRESS	4976 NW 42ND PLACE	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEROCCO, LADDIE R	
STREET ADDRESS	4976 NW 42ND PLACE	
CITY-ST-ZIP	JASPER FL 32052	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *L.R. Deroocco / Laddie R. Deroocco SR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-938-4850

CR2E034 (9/99)