

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000104648**

1. Entity Name

**GRANDMA YODER'S, INC.****FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90074 033 \*\*\*150.00

Principal Place of Business

5896 53RD AVE. EAST  
BRADENTON FL 34203

Mailing Address

5896 53RD AVE. EAST  
BRADENTON FL 34203-9701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0807477**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NAUMAN, CONNIE**  
**5164 MELDON CIR**  
**SARASOTA FL 34232**

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete  
NAME **NAUMAN, CONNIE**  
STREET ADDRESS **5164 MELDON CIRCLE**  
CITY-ST-ZIP **SARASOTA FL 34232**TITLE **ST** ☐ Delete  
NAME **WEBB, ROSE**  
STREET ADDRESS **9715 BRADEN RUN**  
CITY-ST-ZIP **BRADENTON FL 34202**TITLE **D** ☒ Delete  
NAME **YODER, VERA**  
STREET ADDRESS **2712 NANCY STREET**  
CITY-ST-ZIP **SARASOTA FL 34237**TITLE **D** ☐ Delete  
NAME **BYLER, MARY**  
STREET ADDRESS **14725 MADISON RD.**  
CITY-ST-ZIP **MIDDLEFIELD OH 44062**TITLE **D** ☐ Delete  
NAME **GLENN, KAROLYN**  
STREET ADDRESS **2712 NANCY STREET**  
CITY-ST-ZIP **SARASOTA FL 34237**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Delete  
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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 #

*Connie Nauman* **Connie Nauman, President** 1/18/00 941-734

00010768



DO NOT WRITE IN THIS SPACE