

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107574

1. Entity Name

ARCADIA STATE LIVESTOCK MARKET, INC.

FILED

Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90241 001 ***150.00

Principal Place of Business

1500 N BREVARD AVE
ARCADIA FL 34266
US

Mailing Address

P.O. BOX 1418
ARCADIA FL 34265
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1999 NE Livingston St

Suite, Apt. #, etc.

City & State

Arcadia, FL

Zip

34266

Country

US

4. FEI Number

59-3483984

Applied For

Not Applicable

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

TURNER, PHILIP W
1999 NE LIVINGSTON ST.
ARCADIA FL 34266

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	PD	<input type="checkbox"/> Delete
NAME	TURNER, PHILIP W	
STREET ADDRESS	1999 NE LIVINGSTON ST	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TURNER, MALCOM W	
STREET ADDRESS	2173 NE WASHINGTON ST	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCKETTRICK, LIBBY L	
STREET ADDRESS	1922 NE LIVINGSTON ST	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Philip W. Turner Philip W. Turner

2-7-01
Date

863-494-3700
Daytime Phone #

CR2E034 (10/00)