

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053214

1. Entity Name

ALABAMA GEORGIA GROCERY, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90086 023 ***150.00

Principal Place of Business

748 S.W. AVENUE E
BELLE GLADE FL 33430

Mailing Address

748 S.W. AVENUE E
BELLE GLADE FL 33430-3733

2. Principal Place of Business

748 SW Ave E
Suite, Apt. #, etc.

3. Mailing Address

748 SW Ave E
Suite, Apt. #, etc.

City & State

Belle Glade FL 71A

City & State

Belle Glade FL 71A

4. FEI Number

65-0846881

Applied For

Not Applicable

Zip

Country

33430 Palm Beach

Zip

33430

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCMILLAM, LINDA J
748 S.W. AVENUE E
BELLE GLADE FL 33430

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

Linda J McMillan NO changes

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	<input type="checkbox"/> Delete
NAME	MCMILLAN, JAMES W	
STREET ADDRESS	582 SE 9 ST	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCMILLAN, LINDA	
STREET ADDRESS	582 SE 9 ST	
CITY-ST-ZIP	BELLE GLADE FL 33430	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Linda J McMillan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-00 561 996 2678
Date Daytime Phone #

CR2E034 (9/99)