

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053214

1. Entity Name

ALABAMA GEORGIA GROCERY, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90103 049 ***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

2. Principal Place of Business

748 SW Ave E

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Belle Glade FL

City & State

FLORIDA

Zip

33430

Country

USA

Zip

Country

4. FEI Number

65-0846881

Applied For

Not Applicable

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 Linda McMillan (same)
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 Sec

1-12-01

(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

TITLE: P. ☐ Delete
NAME: MCMILLAN, JAMES W
STREET ADDRESS: 582 SE 9 ST
CITY-ST-ZIP: BELLE GLADE FL 33430

TITLE: S. ☐ Delete
NAME: MCMILLAN, LINDA
STREET ADDRESS: 582 SE 9 ST
CITY-ST-ZIP: BELLE GLADE FL 33430

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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 Sec

1-12-01

Date

561-9962678

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)