

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066233

1. Entity Name

APPLE BARREL GIFTS, BASKETS & MORE, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90074 022 ***150.00

Principal Place of Business

901 E NEW HAVEN AVE
MELBOURNE FL 32901

Mailing Address

901 E NEW HAVEN AVE
MELBOURNE FL 32901-5434

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3523773

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

DOOLEY, POLLYANNA B
100 ANCHOR DR
INDIAN HARBOR BEACH FL 32937

Name

Street Address (P.O. Box Number is Not Acceptable)

470 NEWPORT DR

City

INDIALANTIC

FL

Zip Code

32903

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 ☐ Delete
NAME DOOLEY, POLLYANNA B
STREET ADDRESS 100 ANCHOR DR
CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 470 NEWPORT DR
CITY-ST-ZIP INDIANTLANTIC FL 32903

TITLE ☐ Delete
NAME BARICKMAN, WANDA S
STREET ADDRESS 100 ANCHOR DR
CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 470 NEWPORT DR
CITY-ST-ZIP INDIANTLANTIC FL 32903

TITLE ☐ Delete
NAME BURFORD, ROSEMARY
STREET ADDRESS 585 NEWPORT DR
CITY-ST-ZIP INDIANTLANTIC FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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:

Pollyanna Dooley POLLYANNA DOOLEY

1-17-2000

(321) 956-0026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)