

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90123 004 ***150.00

DOCUMENT # P98000096840

1. Entity Name
THE CORNER MARKET, INC.

Principal Place of Business

**9502 S.W. 50TH ROAD
 GAINESVILLE FL 32608**

Mailing Address

**9502 S.W. 50TH ROAD
 GAINESVILLE FL 32608**

2. Principal Place of Business

3821 SW 78th St.

3. Mailing Address

3821 SW 78th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32608

Country

USA

Zip

32608

Country

USA

4. FEI Number

59-3540448

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BEVERLY, PHIL C JR
 THE SEAGLE BLDG., SUITE 500
 408 W. UNIVERSITY AVENUE
 GAINESVILLE FL 32601-5289**

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, 2002 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 **D** ☐ Delete
 NAME **WHARTON, ARTHUR EMRIE**
 STREET ADDRESS **9502 S.W. 50TH ROAD**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **D** ☐ Delete
 NAME **WHARTON, JAN HANKINS**
 STREET ADDRESS **9502 S.W. 50TH ROAD**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **D** ☐ Delete
 NAME **GASTON, JOHN M**
 STREET ADDRESS **4806 S.W. 95TH TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **D** ☐ Delete
 NAME **MCGREGOR GASTON, KATHRYN**
 STREET ADDRESS **4806 S.W. 95TH TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

JAN HANKINS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02
 Date

(352)373-1400
 Daytime Phone #

CR2E034 (9/01)