

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90007 025 ***550.00

0127789 AT

DOCUMENT # P99000060017
 1. Entity Name
THE RIO ROSE MARKET, INC.

Principal Place of Business 810 SW 80 ST. OCALA FL 34476	Mailing Address 810 SW 80 ST. OCALA FL 34476
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2. Principal Place of Business 2010 S. Pine Ave.	3. Mailing Address 2010 S. Pine Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Ocala, FL	City & State Ocala FL	4. FEI Number 59-3597074	Applied For <input type="checkbox"/> Not Applicable
Zip 34474	Country U.S.A.	Zip 34474	Country USA

5. Name and Address of Current Registered Agent SARANDES, ANTHONY A 810 SW 80 ST. OCALA FL 34476	7. Name and Address of New Registered Agent Name Angela D. Powers Street Address (P.O. Box Number is Not Acceptable) 5001 SE 11th Ave. City Ocala FL Zip Code 34480
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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: Angela D. Powers, Angela D. Powers, Managing Partner 9-17-01
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. **FILE NOW!!! FEE IS \$550.00**
 After September 12, 2001 Fee will be \$750.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	P SARANDES, ANTHONY A 810 SW 80 STREET OCALA FL 34476	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHAMBLESS, CHARLOTTE 810 SW 80 STREET OCALA FL 34476	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: SIGNATURE REQUIRED **Angela D. Powers** **9-17-01** **(352) 867-0670**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)