

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077637

1. Entity Name

PALMETTO VEGETABLE COMPANY

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90006 027 ***150.00

Principal Place of Business

Mailing Address

8106 DESOTO MEMORIAL HIGHWAY
BRADENTON FL 34209

8106 DESOTO MEMORIAL HIGHWAY
BRADENTON FL 34209-9710

2. Principal Place of Business

3. Mailing Address

P.O. BOX 431

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BRADENTON, FL 34206

4. FEI Number

65-0951141

Applied For

Not Applicable

Zip

Country

Zip

Country

34206

US

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

GALLAGHER, SHELLY A ESQ.
1205 MANATEE AVENUE WEST
BRADENTON FL 34205

Name

JOHN P. HARLLEE, IV.

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

8106 DESOTO MEMORIAL HWY

City

BRADENTON

FL

Zip Code

34209

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 JOHN P. HARLLEE, IV.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-21-00

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 PRESIDENT
NAME JOHN P. HARLLEE, IV.
STREET ADDRESS 8106 DESOTO MEMORIAL HWY.
CITY-ST-ZIP BRADENTON, FL 34209

☐ Delete

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

TITLE VICE PRESIDENT
NAME SCOTT ALEXANDER HARLLEE
STREET ADDRESS 7220 6th AVE. N.W.
CITY-ST-ZIP BRADENTON, FL 34209

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (9/99)