

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90222 049 \*\*\*550.00

**DOCUMENT # S35869**

1. Entity Name

**SCOTT'S IGA FOODLINER, INC.**

Principal Place of Business

3067 MAIN ST.  
 COTTONDALE FL 32431  
 US

Mailing Address

PO BOX 589  
 COTTONDALE FL 32431-0589  
 US

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

**59-3041086**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SWEARINGEN, GLENDA F.  
 4431 LAFAYETTE ST  
 MARIANNA FL 32446**

7. Name and Address of New Registered Agent

Name **D Scott JORDAN**

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

**3067 Main St.**

City **Cottondale**

**FL**

Zip Code **32431**

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

**D Scott JORDAN**

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

**D Scott JORDAN**

(NOTE: Registered Agent signature required when reinstating)

**8/11/2000**

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

TITLE **PD** ☐ Delete  
 NAME **JORDAN, DAVID SCOTT**  
 STREET ADDRESS **HIGHWAY 231 SOUTH**  
 CITY-ST-ZIP **COTTONDALE FL**

TITLE **STD** ☐ Delete  
 NAME **JORDAN, KATHRYN S.**  
 STREET ADDRESS **HIGHWAY 231 SOUTH**  
 CITY-ST-ZIP **COTTONDALE FL**

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

TITLE ☐ Change ☐ Addition  
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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:

**D Scott JORDAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**8/11/2000**

Daytime Phone #

**352-352-4512**

CR2E034 (9/99)