

**AMENDED**  
**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # S38075**

1. Entity Name  
*Dixon's Food Mart, Inc.*

**FILED**

00 JUN 22 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
*2410 Avenue D  
Fort Pierce, FL 34950*

Mailing Address  
*2410 Avenue D  
Fort Pierce, FL 34950*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

*65-0247262*

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name  
*Gertrude Keilier Baker-Dixon*

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

*2410 Avenue D*

City  
*Ft. Pierce*

FL

Zip  
*34950*

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

*Gertrude Keilier Baker-Dixon*  
*Gertrude Keilier Baker-Dixon* 4/21/00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*P, VP, S, T  
Vernon M. Dixon  
2410 Avenue D  
Ft. Pierce, FL 34950*

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*P, VP, S, T  
Gertrude Keilier Baker-Dixon  
10930 Pinecreek Lane  
Port St. Lucie, FL 34984*

☐ 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  
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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*100003321471*  
-07/12/00--01088--007  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*LS*  
☐ 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 #

*Gertrude Keilier Baker-Dixon*  
*Gertrude Keilier Baker-Dixon* 4/21/00 561-461-1010

CR2E034 (9/99)