

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001843**

FILED

1. Entity Name

**7 DAYS FOOD STORE OF SEMINOLE, L.C.**

00 JAN 18 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

8532 SEMINOLE BOULEVARD  
SEMINOLE FL 33777

Mailing Address

8532 SEMINOLE BOULEVARD  
SEMINOLE FL 33772-4330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3536420**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCKINNEY, S. KEITH JR.  
605 75TH AVENUE  
ST. PETE BEACH FL 33706

7. Name and Address of New Registered Agent

Name **T. J. CARRIGAN + CO INC**  
Street Address (P.O. Box Number is Not Acceptable)  
**11282 W. HILLSBOROUGH AVE**  
City **TAMPA** FL Zip Code **33635**

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 *Thomas J. Carrigan*

*THOMAS J. CARRIGAN*

1-13-00  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BHUIYAN, ABUL 8532 SEMINOLE BOULEVARD SEMINOLE FL 33777	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAHMOOD, JALAL UDDIN 8532 SEMINOLE BLVD. SEMINOLE FL 33777	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>100003112011-5</b> -01/26/00--01112--013 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>800003112018-8-8</b> -01/26/00--01112--014 *****5.00 *****5.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<i>Al</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *X* *J. SIGNATURE REQUIRED* MAHMOOD

1-13-00  
Date

Daytime Phone #