2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT # 241564** Mar 30, 2000 8:00 am 1. Entity Name **Secretary of State** GARDNER'S SUPER MARKETS, INC. 03-30-2000 90012 045 ***150.00 Principal Place of Business Mailing Address 7301 SW 527H AVE C/O LAWRENCE M. POLUCHA. ESO. MIAMI 51 33143 1946 TYLER STREET HOLLYWOOD FL 33020-4517 Principal Place of Business 3. Mailing Address 93515W 56th S DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1001131 MIAMI Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PLOUCHA, LAWRENCE M. ES Street Address (P.O. Box Number is Not Acceptable) ATKINSON, DINER, STONE & MANKUTA, P. 1946 TYLER STREET HOLLYWOOD FL 33022 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition STDV TITLE Delete TITLE ADAMS, ELIZABETH NAME STREET ADDRESS STREET ADDRESS 9351 SW 56TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL DP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME ADAMS, MAURICE NAME STREET ADDRESS STREET ADDRESS 9351 SW 56TH ST CITY-ST-7IP CITY-ST-ZIP MIAMI FL Addition ☐ Change TITI F ☐ Delete TITLE GARDNER, J T NAME NAME STREET ADDRESS STREET ADDRESS 9351 SW 56TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE SCHWARTZ, LOUISE G NAME NAME STREET ADDRESS STREET ADDRESS 9351 SW 56TH ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 the report as required by Chapter 607, Florida Statutes; and that my narge appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.