

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 465646**

1. Entity Name

**SAN ANN FOOD STORES, INC.****FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90047 004 \*\*\*150.00

**905947**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>205 SOUTH HOOVER STREET TAMPA FLORIDA 33609</b>		Mailing Address <b>205 SOUTH HOOVER STREET TAMPA FLORIDA 33609-3500</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1570964</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HUGHEY, MIKE 205 S. HOOVER STREET TAMPA FL 33609</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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.

(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	PD	TITLE	
NAME	HUGHEY, L M	NAME	
STREET ADDRESS	205 S HOOVER STREET	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	FARMER, JD	NAME	
STREET ADDRESS	205 S HOOVER ST #400	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	RAWLINS, WANITA.M.	NAME	
STREET ADDRESS	205 S HOOVER STREET	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	CARTER, SHIRLEY	NAME	
STREET ADDRESS	205 S HOOVER STREET	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	CITY-ST-ZIP	
TITLE	VASD	TITLE	
NAME	BROWNE, DAN	NAME	
STREET ADDRESS	205 S. HOOVER ST.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	THATCHER, CAROLYN	NAME	
STREET ADDRESS	205 S HOOVER ST, SUITE 400	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	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:**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #