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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90005 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001621

1. Corporation Name

UNITED NATURAL FOODS, INC.

Principal Place of Business

**260 LAKE RD
DAYVILLE CT 06241**

Mailing Address

**260 LAKE RD
DAYVILLE CT 06241**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1996

4. FEI Number

05-0376157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **DC**

NAME **CLOUTIER, NORMAN A**

STREET ADDRESS **260 LAKE RD**

CITY-ST-ZIP **DAYVILLE CT**

TITLE **DP** ☐ DELETE

NAME **FUNK, MICHAEL S**

STREET ADDRESS **260 LAKE RD**

CITY-ST-ZIP **DAYVILLE CT**

TITLE **D** ☒ DELETE

NAME **TOWNSEND, STEVEN**

STREET ADDRESS **260 LAKE RD**

CITY-ST-ZIP **DAYVILLE CT**

TITLE **VS** ☐ DELETE

NAME **ATWOOD, DANIEL V**

STREET ADDRESS **260 LAKE RD**

CITY-ST-ZIP **DAYVILLE CT**

TITLE **T** ☐ DELETE

NAME **CIRCULNICK, ROBERT T**

STREET ADDRESS **260 LAKE RD**

CITY-ST-ZIP **DAYVILLE CT 06241**

TITLE **D** ☐ DELETE

NAME **MICHEL, KEVIN T**

STREET ADDRESS **260 LAKE RD**

CITY-ST-ZIP **DAYVILLE CT**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **RICHARD S. YOUNGMAN**

3.3 STREET ADDRESS **260 LAKE ROAD**

3.4 CITY-ST-ZIP **DAYVILLE, CT 06241**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

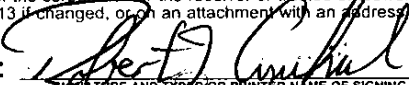
6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

 **Robert T. Circulnick**

Date

Daytime Phone #

860-779-2800

CR2E034 (11/98)