2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRIN

Feb 29, 2000 8:00 am DOCUMENT # **G50166** Secretary of State SUN BELT DAIRY & FOOD CO. 02-29-2000 90136 002 ***150.00 Mailing Address Principal Place of Business 76 LADOGA AVENUE 76 LADOGA AVENUE TAMPA FL 33606-3833 TAMPA FL 33606 3. Mailing Address 2. Principal Place of Business Box 19217 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-2324363 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REILLY, BRENDA Street Address (P.O. Box Number is Not Acceptable) 76 LADOGA AVE. TAMPA FL 33606 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change Addition PT TITLE ☐ Delete REILLY, GERALD L NAME STREET ADDRESS **76 LADOGA AVENUE** STREET ADDRESS CITY-ST-ZIP CiTY-ST-7JP Tampa Fl ■ Addition ☐ Delete TITLE TITLE REILLY, BRENDA E NAME NAME STREET ADDRESS STREET ADDRESS 76 LADOGA AVENUE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.