2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016201

1. Entity Name
Flowers Baking Company of Jacksonville, LLC

FILED
2001 MAY 10 PM 1:56
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2261 W. 30th Street	P.O. Box 12579
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Jacksonville, FL	Jacksonville, FL
Zip 32209 Country USA	Zip 32209 Country USA

4. FEI Number 59-1718773 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name CT Corporation System
	Street Address (P.O. Box Number is Not Acceptable)
	1200 S. Pine Island Road
	City Plantation FL Zip Code 33324

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

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	ST Jeff Perry 2261 W. 30th St. Jacksonville, FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Robert White 2261 W. 30th St. Jacksonville, FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200004415202--0 -06/12/01--01064--010
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Scott Rich US Hwy 19 South Thomasville, GA 31757	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*****50.00 ☐ Change ☐ Addition *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Rick McCombs 2261 W. 30th St. Jacksonville, FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Allen Shivee US Hwy 19 South Thomasville, GA 31757	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 4L
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Karyl Lauder US Hwy 19 South Thomasville, GA 31757	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

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: _____ 3/29/01 904-354-3771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #