

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001299

1. Entity Name

METROPOLITAN FOODS, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90014 047 \*\*\*150.00

Principal Place of Business

Mailing Address

736-D ST ANDREWS RD-BOX 156  
COLUMBIA SC 29210

736-D ST ANDREWS RD-BOX 156  
COLUMBIA SC 29210-5137

2. Principal Place of Business

3. Mailing Address

736-D ST ANDREWS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 156

City & State

COLUMBIA, SC

Zip

Country

29210-5137

Country

4. FEI Number

58-1868009

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

City

FL

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 DC ☐ Delete  
NAME BOLCH, CARL JR  
STREET ADDRESS 300 TECHNOLOGY CT  
CITY-ST-ZIP SMYRNA GA 30082

TITLE D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BOLCH, SUSAN BASS  
STREET ADDRESS 300 TECHNOLOGY CT  
CITY-ST-ZIP SMYRNA GA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LENKER, MAX  
STREET ADDRESS 300 TECHNOLOGY COURT  
CITY-ST-ZIP SMYRNA GA 30082

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TCFO ☐ Delete  
NAME DUMBACHER, ROBERT J  
STREET ADDRESS 300 TECHNOLOGY COURT  
CITY-ST-ZIP SMYRNA GA 30082

TITLE TCFO/AS ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VS ☐ Delete  
NAME WOOD, JAMES O  
STREET ADDRESS 300 TECHNOLOGY COURT  
CITY-ST-ZIP SMYRNA GA 30082

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VS ☒ Delete  
NAME LANDAU, HARRIET  
STREET ADDRESS 900 HERITAGE PL  
CITY-ST-ZIP DECATUR GA 30033

TITLE C ☐ Change ☒ Addition  
NAME ROBERT M. STIER  
STREET ADDRESS 300 Technology Court  
CITY-ST-ZIP Smyrna, GA 30082

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

4/20/2000 (770) 431-7600, x. 1188

Date

Daytime Phone #