

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90047 039 ****70.00

DOCUMENT # 735474

1. Entity Name

EVER'MAN NATURAL FOODS CO-OP, INC.



Principal Place of Business

315 W GARDEN ST
PENSACOLA FL 32501

Mailing Address

315 W GARDEN ST
PENSACOLA FL 32501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1726593**

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

KOPACK, DANIEL JR

316 BAYLEN ST
STE 200
PENSACOLA FL 32501

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	CULLIGAN, KERRY	
STREET ADDRESS	5617 PONTE VERDE RD	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOHON, BARBARA	
STREET ADDRESS	208 NAVARRE ST	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANIELS, HEIDI	
STREET ADDRESS	221 CEVALLAS STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLEY, JOHN	
STREET ADDRESS	4701 TIMERLAND DRIVE	
CITY-ST-ZIP	PACE FL 32571	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOMASNEY, ANNA	
STREET ADDRESS	911 E BURGESS ROAD #3	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STANFORD, ED J	
STREET ADDRESS	3343 WELLINGTON ROAD	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN KIER	
STREET ADDRESS	PO. Box 11337	
CITY-ST-ZIP	Pensacola, FL 32524	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAM HEINOLD	
STREET ADDRESS	6406 Antietam Dr.	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniels, Heidi	
STREET ADDRESS	Same	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANFORD, ED J	
STREET ADDRESS	Same	
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE MEMOR

7-12-03 934-4780

CR2E037 (4/03)