

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 112252**

1. Entity Name

PUBLIX SUPER MARKETS, INC.**FILED**
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90411 038 ***158.75

Principal Place of Business

**1936 GEORGE JENKINS BLVD.
LAKELAND FL**

Mailing Address

**P.O. BOX 407
ATTN: LICENSES
LAKELAND FL 33802-0407****80023009**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0324412

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ATTAWAY, JOHN A JR.
321 S. KENTUCKY AVE.
LAKELAND FL 33801**

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	CRENSHAW, WILLIAM E.	1936 GEORGE JENKINS BLVD	LAKELAND FL	<input type="checkbox"/>
CEO	JENKINS, HOWARD	1936 GEORGE JENKINS BLVD	LAKELAND FL	<input type="checkbox"/>
CS	ATTAWAY, JOHN A JR.	1936 GEORGE JENKINS BLVD	LAKELAND FL	<input type="checkbox"/>
CFOT	PHILLIPS, DAVID P	1936 GEORGE JENKINS BLVD	LAKELAND FL	<input type="checkbox"/>
VCEO	JENKINS, CHARLES H JR.	1936 GEORGE JENKINS BLD	LAKELAND FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Secretary

2/8/01

Date

863.616.5701

Daytime Phone #

CR2E034 (10/00)