

2000 UNIFORM BUSINESS REPORT (UBR)

6/29/00-90633-003-\$150.00-\$150.00

10f2

DOCUMENT # 156820

1. Entity Name

MCMULLEN FOOD BANK INC

FILED

00 AUG -2 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
80066798

Principal Place of Business

Mailing Address

117 DUVAL ST N.W.
LIVE OAK FL 32060

117 DUVAL ST N.W.
LIVE OAK FL 32060-1720

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0591845

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

MCMULLEN, J L
117 DUVAL ST N.W.
LIVE OAK FL 32060

7. Name and Address of New Registered Agent

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

TITLE PD
NAME MCMULLEN, J L
STREET ADDRESS 117 DUVAL ST N.W.
CITY-ST-ZIP LIVE OAK FL

TITLE SD
NAME MCMULLEN, KATHRYN M
STREET ADDRESS 117 DUVAL ST N.W.
CITY-ST-ZIP LIVE OAK FL

TITLE ASD
NAME ELMORE, JILL M
STREET ADDRESS 3123 CALOT DR.
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

J L McMillen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24-2000

Date

Daytime Phone #

KE

CR2E034 (9/99)

J. L. (WHITE ACRE) McMULLEN
PRESIDENT

CANNER-PACKER

1950-1982

PHONES
(904) 362-1457 362-3103

REAL SOUTHERN DIVISION - WHITE ACRE BRAND PEAS WITH SNAPS, FROZEN FRESH - CANNED FRESH
REAL SOUTHERN BRAND BLACK EYE PEAS WITH SNAPS, FROZEN FRESH
ARCTIC CIRCLE BRAND WHITE PEAS - BLACK EYE PEAS, FROZEN FRESH
LE-KO BRAND BOILED PEANUTS, CANNED FRESH

2062

McMULLEN FOOD BANK, Inc.

117 DUVAL ST. NW
206 HOUSTON AVE. SW

LIVE OAK, FLORIDA 32060

27th
July 17th, 2000

Florida Department Of State
Division of Corporations
2000 Uniform Business Reports Report
P.O. Box 1500 6327 32314
Tallahassee, Florida 32302-1500

(self typed)

ATTN Robin

Gentlemen:

Re: McMullen Food Bank, Inc. FEI 59-0591845
2000 Uniform Business Report
Due by May 1, 2000
Mailed June 24, 2000
Check #2115 for \$150.00 cashed 7/7/2000

Please waive late filing fee for our FAMILY CORPORATION IN consideration of the following:

Being the person responsible for filing this report, at age 86 while riding in a Greyhound bus with handicapped facilities, in route from Tallahassee to Live Oak November 24, 1999 an accident on bus occurred resulted breaking my left leg.

I was immediately transported by the bus to emergency room of Tallahassee Memorial Hospital, a few days later to rehabiliy facilities of HealthSouth, then to Tallahassee Memorial Health Care, then to Heritage Health Care and four months after accident, discharged March 24, 2000.

May 1, 2000 admitted to Shands Hospital of Live Oak and SAME DAY transported to Tallahassee Memorial Hospital for gaul bladder surgery. Then to Heritage Health Care for rehabiliy. Was discharged June 8.

Your favorable consideration and advice will be appreciated.

Sincerely,

J. L. McMullen

J. L. McMullen
President

encl: 2000 UNIFORM BUSINESS REPORT Form
Second Notice

7-27-00 Received enclosed letter dated 7/10-2000. Phoned 1 (850) 488-9000. Robin suggested send copy of letter dated 7-17-00 to above received mailing address, for further consideration. Thanks

encl

J. L. McMullen