

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90073 022 \*\*\*150.00

**DOCUMENT #**

1. Entity Name

**AFFILIATED GROCERS, INC.**

169445

Principal Place of Business

Mailing Address

7000 NW 32ND AVENUE  
 MIAMI, FLORIDA 33147

647362

2. Principal Place of Business

7000 NW 32ND AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

4. FEI Number

590943464

Applied For

Not Applicable

Zip

33147

Country

US

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

CALVIN J. MILLER  
 7000 NW 32ND AVENUE  
 MIAMI, FLORIDA 33147

Name

BARRY T. SHEVLIN, ESQ.

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

1111 KANE CONCOURSE

SUITE #605

City BAY HARBOR ISLANDS

FL

Zip Code 33154

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	President	<input type="checkbox"/> Delete
NAME	Calvin J. Miller	
STREET ADDRESS	7000 NW 32ND AVENUE	
CITY-ST-ZIP	MIAMI, FLORIDA 33147	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	Allan Sutherland	
STREET ADDRESS	7000 NW 32ND AVENUE	
CITY-ST-ZIP	MIAMI, FLORIDA 33147	
TITLE	Vice-President/Director	<input type="checkbox"/> Delete
NAME	Georgina Perez	
STREET ADDRESS	7000 NW 32ND AVENUE	
CITY-ST-ZIP	MIAMI, FLORIDA 33147	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

Allan C. Sutherland  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 305(835-6752)

CR2E034 (9/99)