

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90048 024 ***150.00

DOCUMENT # 194746

1. Entity Name

WINN-DIXIE LOUISIANA, INC.

Principal Place of Business

Mailing Address

**600 EDWARDS AVE
 HARAHAN LA 70123
 US**

**5050 EDGEWOOD COURT
 JACKSONVILLE FL 32254-3601
 US**

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

72-0488573

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**E ELLIS ZAHRA JR
 5050 EDGEWOOD CT
 JACKSONVILLE FL 32254**

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	DV	<input type="checkbox"/> Delete
NAME	HESS, HE	
STREET ADDRESS	5400 FULTON INDL BLVD	
CITY-ST-ZIP	ATLANTA GA 30336	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRAGIN, D. H	
STREET ADDRESS	5050 EDGEWOOD COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCCOOK, R. P	
STREET ADDRESS	5050 EDGEWOOD COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	KUFELDT, JAMES	
STREET ADDRESS	5050 EDGEWOOD COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LUNN, R.	
STREET ADDRESS	600 EDWARDS AVE	
CITY-ST-ZIP	HARAHAN LA	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rowland, A.R.	
STREET ADDRESS	5050 Edgewood Court	
CITY-ST-ZIP	Jacksonville, FL 32254	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Istre, M.J.	
STREET ADDRESS	600 Edwards Ave	
CITY-ST-ZIP	Harahan, LA 70123	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature] T. Qualls 4/10/2000 904-783-5429

Date

Daytime Phone #

CR2E034 (9/99)