

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 194746

1. Entity Name

WINN-DIXIE LOUISIANA, INC.

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

04-21-2000 90048 024 ***150.00

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

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
NAME HESS, HE ☐ Delete
STREET ADDRESS 5400 FULTON INDL BLVD
CITY-ST-ZIP ATLANTA GA 30336

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME BRAGIN, D. H ☐ Delete
STREET ADDRESS 5050 EDGEWOOD COURT
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME MCCOOK, R. P ☐ Delete
STREET ADDRESS 5050 EDGEWOOD COURT
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV
NAME KUFELDT, JAMES ☒ Delete
STREET ADDRESS 5050 EDGEWOOD COURT
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE DV
NAME Rowland, A.R. ☐ Change ☒ Addition
STREET ADDRESS 5050 Edgewood Court
CITY-ST-ZIP Jacksonville, FL 32254

TITLE P
NAME LUNN, R. ☒ Delete
STREET ADDRESS 600 EDWARDS AVE
CITY-ST-ZIP HARAHAN LA

TITLE P
NAME Istre, M.J. ☐ Change ☒ Addition
STREET ADDRESS 600 Edwards Ave
CITY-ST-ZIP Harahan, LA 70123

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (9/99)