

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90078 034 \*\*\*158.75

**DOCUMENT #** 302305

1. Entity Name

Lil' Champ Food Stores, Inc.

Principal Place of Business

9143 Philips Hwy, Suite 200  
Jacksonville, FL 32256

Mailing Address

P.O. Box 23180  
Jacksonville, FL 32241-3180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-1147100

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

Smith Hulsey & Busey  
225 Water Street  
Jacksonville, FL 32202

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
	CD			
	Sodini, Peter J.	1801 Douglas Drive	Sanford, NC 27330	
	VD			
	Flyg, William T.	1801 Douglas Drive	Sanford, NC 27330	
	VD			
	Duncan, Joseph J.	1801 Douglas Drive	Sanford, NC 27330	
	D			
	Ralph, Jon D.	11100 Santa Monica Blvd., Ste 1900	Los Angeles, CA 90025	
	DV			
	Krol, Joseph A.	9143 Philips Hwy, Suite 200	Jacksonville, FL 32256	
	VDS			
	Ferreira, Steven J.	9143 Philips Hwy, Suite 200	Jacksonville, FL 32256	

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

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

Senior Vice President

3/14/01

Date

904/464-7202

Daytime Phone #

CR2E034 (11/00)