

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90111 049 ***150.00

0038462 AV

DOCUMENT # 330286

1. Entity Name

WINN-DIXIE MONTGOMERY, INC.



Principal Place of Business

**5400 FULTON IND. BLVD.
ATLANTA GA 30336
US**

Mailing Address

**5050 EDGEWOOD COURT
JACKSONVILLE FL 32254
US**

2. Principal Place of Business

1550 Jackson Ferry Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Montgomery, AL

City & State

Zip

Country

36104-1718

US

Zip

Country

4. FEI Number

59-1212119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	ROSS, K D	
STREET ADDRESS	5050 EDGEWOOD COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROWLAND, A.R	
STREET ADDRESS	5050 EDGEWOOD COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	P	<input type="checkbox"/> Delete
NAME	GORE, C M	
STREET ADDRESS	5050 EDGEWOOD CT	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCCOOK, R. P	
STREET ADDRESS	5050 EDGEWOOD COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	DIXON, J.W.	
STREET ADDRESS	5050 EDGEWOOD COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	BYRUM, D M	
STREET ADDRESS	5050 EDGEWOOD CT	
CITY-ST-ZIP	JACKSONVILLE FL 32254	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

(904) 783-5000

Daytime Phone #

CR2E034 (10/02)