

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 346378

1. Entity Name

GREAT WESTERN MEATS, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90056 049 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
438 WEST KALEY STREET P.O. BOX 56-8366 ORLANDO FL 32856	438 WEST KALEY STREET P.O. BOX 56-8366 ORLANDO FL 32856-8366

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-1284502	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
VOORHEES, DONALD D. 636 E. CLUB CIRCLE LONGWOOD FL 32779

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.

SIGNATURE _____ (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	
TITLE	CD <input type="checkbox"/> Delete
NAME	VOORHEES, DONALD D.
STREET ADDRESS	636 E. CLUB CIRCLE
CITY-ST-ZIP	LONGWOOD FL
TITLE	P <input type="checkbox"/> Delete
NAME	VOORHEES, GREGORY D.
STREET ADDRESS	746 RIVERBEND BLVD
CITY-ST-ZIP	LONGWOOD FL
TITLE	STD <input type="checkbox"/> Delete
NAME	VOORHEES, BERTA J.
STREET ADDRESS	636 E. CLUB CIRCLE
CITY-ST-ZIP	LONGWOOD FL
TITLE	V <input type="checkbox"/> Delete
NAME	HARRIS, RICHARD J.
STREET ADDRESS	190 CANTERCLUB TRAIL
CITY-ST-ZIP	LONGWOOD FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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	

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: *Richard J. Harris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD J. HARRIS

1-4-2000

Date

407-841-4270 x117

Daytime Phone #

CR2E034 (9/99)