

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 364779

1. Entity Name

GOODING'S SUPERMARKETS, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90042 008 ***150.00

Principal Place of Business
2349 APOPKA BLVD
APOPKA FL 32703
US

Mailing Address
2349 APOPKA BLVD.
APOPKA FL 32703-7736

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

59-1292169

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

BREWER, FRANCIS J
2349 APOPKA BLVD
APOPKA FL 32703

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	PCT <input checked="" type="checkbox"/> Delete	TITLE	P/COO/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOERK, RUSSELL	NAME	DOERK, RUSSELL
STREET ADDRESS	2349 APOPKA BLVD	STREET ADDRESS	2349 APOPKA BLVD.
CITY-ST-ZIP	APOPKA FL 32703	CITY-ST-ZIP	APOPKA, FL 32703
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODING, MARY LOU	NAME	
STREET ADDRESS	400 SWEETWATER CLUB BLVD	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	CITY-ST-ZIP	
TITLE	VCS <input checked="" type="checkbox"/> Delete	TITLE	VPE/CFO/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, FRANCIS J	NAME	BREWER, FRANCIS J.
STREET ADDRESS	600 ERROL PARKWAY	STREET ADDRESS	600 ERROL PARKWAY
CITY-ST-ZIP	APOPKA FL 32712	CITY-ST-ZIP	APOPKA, FL 32712
TITLE	CDC <input checked="" type="checkbox"/> Delete	TITLE	C/D/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODING, JONATHAN T	NAME	GOODING, JONATHAN T.
STREET ADDRESS	3036 ALATKA CT	STREET ADDRESS	3036 Alarka Ct
CITY-ST-ZIP	LONGWOOD FL	CITY-ST-ZIP	Longwood, FL
TITLE	D/VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOY, JULIE GOODING	NAME	
STREET ADDRESS	3093 TIMPANA POINT	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: FRANCIS J. BREWER *Francis J. Brewer* 1/19/00 407-889-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)