

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91156 026 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 364779	
1. Entity Name GOODING'S SUPERMARKETS, INC.	
Principal Place of Business 2349 APOPKA BLVD APOPKA, FLORIDA 32703	Mailing Address 2349 APOPKA BLVD APOPKA, FLORIDA 32703
2. Principal Place of Business 8255 INTERNATIONAL DRIVE	3. Mailing Address P.O. BOX 691329
Suite, Apt. #, etc. SUITE 120	Suite, Apt. #, etc.
City & State ORLANDO, FLORIDA	City & State ORLANDO, FLORIDA
Zip 32819	Country USA
Zip 32819-1329	Country USA
6. Name and Address of Current Registered Agent FRANCIS J. BREWER 2349 APOPKA BLVD APOPKA, FLORIDA 32703	
7. Name and Address of New Registered Agent Name ANTHONY MARCUS Street Address (P.O. Box Number is Not Acceptable) 8255 INTERNATIONAL DRIVE SUITE 120 City ORLANDO FL Zip Code 32819	
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 <i>Anthony E. Marcus, Controller</i> 4/30/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS	
TITLE PCOT	NAME DOERK, RUSSELL <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2349 APOPKA BLVD APOPKA, FLORIDA 32703
TITLE VCFS	NAME BREWER, FRANCIS <input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	600 ERROL PARKWAY APOPKA, FL. 32712
TITLE DCEO	NAME GOODING, JONATHAN T. <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3036 ALATKA CT. LONGWOOD, FL.
TITLE DVP	NAME LOY, JULIE GOODING <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3093 TIMPANA POINT LONGWOOD, FL
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PCOOST	NAME DOERK, RUSSELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	8255 INTERNATIONAL DRIVE, SUITE 120 ORLANDO, FLORIDA 32819
TITLE DCCEO	NAME GOODING, JONATHAN T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	8255 INTERNATIONAL DRIVE, SUITE 120 ORLANDO, FLORIDA 32819
TITLE DVP	NAME LOY, JULIE GOODING <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	8255 INTERNATIONAL DRIVE, SUITE 120 ORLANDO, FLORIDA 32819
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 to this address, with all other like empowered.	
SIGNATURE: <i>Jonathan T. Gooding</i> 4/30/01 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #	

CR2E034 (1/1/00)