

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90086 050 \*\*\*150.00

**DOCUMENT # 576887**

1. Entity Name  
**SPRING GARDEN FOODS, INC.**

Principal Place of Business 795 N. SPRING GARDEN DELAND FL 32720	Mailing Address 795 N. SPRING GARDEN DELAND FL 32720-3142
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00054001



DO NOT WRITE IN THIS SPACE

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 <b>59-2231142</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

6. Name and Address of Current Registered Agent

**HILL, CHARLES B.**  
**218 CROOKED TREE TRAIL**  
**DELAND FL 32720**

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 <b>P</b>	<input type="checkbox"/> Delete
NAME <b>HILL, CHARLES B.</b>	
STREET ADDRESS <b>2025 CHINABERRY LANE</b>	
CITY-ST-ZIP <b>DELAND FL</b>	
TITLE <b>V</b>	<input type="checkbox"/> Delete
NAME <b>HILL, JAYNE M</b>	
STREET ADDRESS <b>2025 CHINABERRY LANE</b>	
CITY-ST-ZIP <b>DELAND FL</b>	
TITLE _____	<input type="checkbox"/> Delete
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	
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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 Date 904-786-8861 Daytime Phone #

CR2E034 (9/99)