

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90253 050 \*\*\*155.00

**DOCUMENT # 626274**

1. Entity Name

**WITHERSPOON FOODS, INC.**

Principal Place of Business

Mailing Address

**90 LAKE DRIVE  
PALM BEACH LAKES FL 33404**

**20 LAKE DRIVE  
PALM BEACH LAKES FL 33404**

2. Principal Place of Business

**3801 10<sup>th</sup> Ave. N.**

Suite, Apt. #, etc.

3. Mailing Address

**341 ORANGE WAY**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**LAKE WORTH, FL**

City & State

**West Palm Beach, FL**

Zip

**33461**

Country

**USA**

Zip

**33405**

Country

**USA**

4. FEI Number

**59-1914352**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WITHERSPOON, BRUCE W.  
90 LAKE DRIVE  
PALM BEACH SHORES FL 33404**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**341 ORANGE WAY**

City

**West Palm Beach**

**FL**

Zip Code

**33405**

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, 2001 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 **PST** ☐ Delete  
NAME **WITHERSPOON, BRUCE W.**  
STREET ADDRESS **20 LAKE DRIVE**  
CITY-ST-ZIP **PALM BCH SHORES FL**

TITLE **VD** ☐ Delete  
NAME **WITHERSPOON, BURCE W.**  
STREET ADDRESS **90 LAKE DRIVE**  
CITY-ST-ZIP **PALM BCH SHORES FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **341 ORANGE WAY**  
CITY-ST-ZIP **West Palm Beach, FL 33405**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **341 ORANGE WAY**  
CITY-ST-ZIP **West Palm Beach, FL 33405**

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Bruce W. Witherspoon Pres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)