

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712447

1. Entity Name

PUBLIX SUPER MARKETS CHARITIES, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90042 047 \*\*\*\*61.25

Principal Place of Business 1936 GEORGE JENKINS BLVD. P. O. BOX 407 LAKELAND FL 33802	Mailing Address 1936 GEORGE JENKINS BLVD. P. O. BOX 407 LAKELAND FLA 33802-0407
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-6194119</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAY, CAROLYN C.  
 7211 ESTATE ROAD  
 LAKELAND FL 33809

7. Name and Address of New Registered Agent

Name  
**TINA JOHNSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1936 GEORGE JENKINS BLVD**  
 City  
**LAKELAND** **FL** Zip Code  
**33815**

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 *Tina Johnson* **TINA JOHNSON, TREASURER** 4/7/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	DAY, CAROLYN C	
STREET ADDRESS	7211 ESTATE ROAD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BARNETT, CAROL	
STREET ADDRESS	5815 LIVE OAK RD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, TINA P	
STREET ADDRESS	5020 BAYSHORE BLVD, #601	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HART, BARBARA O	
STREET ADDRESS	415 EUNICE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VP D	<input type="checkbox"/> Delete
NAME	BARNETT, HOYT R	
STREET ADDRESS	5815 LIVE OAK ROAD	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carolyn C Day* **CAROLYN C DAY, SEC.** 4/7/00 (863) 688-1188  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)