

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 806071

1. Entity Name

DELCHAMPS, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90118 001 \*\*\*150.00

Principal Place of Business

Mailing Address

1770 ELLIS AVENUE  
SUITE 200  
JACKSON MS, 39204

P.O. BOX 3409  
JACKSON MS 39207-3409  
US

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

63-0245434

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
DCEO	JULIAN, MICHAEL E	1770 ELLIS AVENUE, SUITE 200	JACKSON MS 39204	<input checked="" type="checkbox"/>
PD	JOHNSON, RONALD E	1770 ELLIS AVENUE, SUITE 200	JACKSON MS 39204	<input type="checkbox"/>
EV	CANNADA, R B	1770 ELLIS AVENUE, SUITE 200	JACKSON MS 39204	<input checked="" type="checkbox"/>
EV	HARMON, STEPHEN R	1770 ELLIS AVENUE, SUITE 200	JACKSON MS 39204	<input checked="" type="checkbox"/>
CFOV	BLACK, DAVID R	1770 ELLIS AVENUE, SUITE 200	JACKSON MS 39204	<input checked="" type="checkbox"/>
VP and Controller	ANITA C. ELLIOTT	1770 ELLIS AVE, Suite 200	JACKSON, MS 39204	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CEO				<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asst. Sec.	Sylvie Robinson	1770 Ellis Ave, Suite 200	JACKSON, MS 39204	<input type="checkbox"/>	<input checked="" type="checkbox"/>
GREG PRES LEW - CFO		1770 Ellis Ave Suite 200	JACKSON, MS 39204	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

4/20/00

Date

601 346 2212

Daytime Phone #

CR2E034 (9/99)