

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 811145

1. Entity Name

THE GRAND UNION COMPANY

Principal Place of Business

Mailing Address

201 WILLOWBROOK BLVD.
WAYNE NJ 07470

201 WILLOWBROOK BLVD.
WAYNE NJ 07470-7025

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 22-1518276

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	CEO	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, J. WAYNE	
STREET ADDRESS	201 WILLOWBROOK BLVD	
CITY-ST-ZIP	WAYNE NJ 07470	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	NICASTRO, FRANCIS E	
STREET ADDRESS	201 WILLOWBROOK BLVD	
CITY-ST-ZIP	WAYNE NJ	
TITLE	SAVP	<input checked="" type="checkbox"/> Delete
NAME	FREIMARK, JEFFREY	
STREET ADDRESS	210 WILLOWBROOK BLVD	
CITY-ST-ZIP	WAYNE NY	
TITLE	AS	<input type="checkbox"/> Delete
NAME	RAMIREZ, JAVIER A.	
STREET ADDRESS	201 WILLOWBROOK BLVD	
CITY-ST-ZIP	WAYNE NJ 07470	
TITLE	VCCA	<input checked="" type="checkbox"/> Delete
NAME	PARTRIDGE, JACK W.	
STREET ADDRESS	201 WILLOWBROOK BLVD	
CITY-ST-ZIP	WAYNE NJ 07470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Exec. VP, CFO, CAO, Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Freimark, Jeffrey	
STREET ADDRESS	201 Willowbrook Blvd.	
CITY-ST-ZIP	Wayne, NJ 07470	
TITLE	Pres. & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philbin, Gary	
STREET ADDRESS	201 Willowbrook Blvd.	
CITY-ST-ZIP	Wayne, NJ 07470	
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

Date

Daytime Phone #

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90157 048 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

4-17-00 973-890-6292