

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90007 032 ***550.00

DOCUMENT # 814497

1. Entity Name
ESKIMO PIE CORPORATION

Principal Place of Business

901 MOOREFIELD PK DR.
 RICHMOND VA 23236
 US

Mailing Address

PO BOX 28906
 RICHMOND VA 23261
 US

2. Principal Place of Business

4175 Veterans Hwy
 Suite, Apt. #, etc.

3. Mailing Address

4175 Veterans Hwy
 Suite, Apt. #, etc.

City & State

RonKonKoma, N.Y.

City & State

RonKonKoma, N.Y.

Zip

11779

Country

U.S.

Zip

11779

Country

U.S.

4. FEI Number

54-0571720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32314

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	CO	<input checked="" type="checkbox"/> Delete
NAME	KEWER, DAVID	
STREET ADDRESS	901 MOOREFIELD PARK DRIVE	
CITY-ST-ZIP	RICHMOND VA 23236	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	MISHOE, THOMAS M. JR	
STREET ADDRESS	901 MOOREFIELD PK DR.	
CITY-ST-ZIP	RICHMOND VA	
TITLE	CPD	<input checked="" type="checkbox"/> Delete
NAME	DAVID B KEWER	
STREET ADDRESS	901 MOOREFIELD PK DR.	
CITY-ST-ZIP	RICHMOND VA 23236	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FERRYMAN, KIMBERLEY P	
STREET ADDRESS	901 MOOREFIELD PK DR.	
CITY-ST-ZIP	RICHMOND VA	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	STAPLES, ROBERT R.	
STREET ADDRESS	901 MOOREFIELD PK DR.	
CITY-ST-ZIP	RICHMOND VA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stein, David	
STREET ADDRESS	4175 Veterans Hwy	
CITY-ST-ZIP	RonKonKoma, N.Y. 11779	
TITLE	CEO, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stevens, Gary	
STREET ADDRESS	4175 Veterans Hwy	
CITY-ST-ZIP	RonKonKoma, N.Y. 11779	
TITLE	Co-C, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Serruya, Michael	
STREET ADDRESS	4175 Veterans Hwy	
CITY-ST-ZIP	RonKonKoma, N.Y. 11779	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Serruya, Aaron	
STREET ADDRESS	4175 Veterans Hwy	
CITY-ST-ZIP	RonKonKoma, N.Y. 11779	
TITLE	Co-C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Richard E.	
STREET ADDRESS	4175 Veterans Hwy	
CITY-ST-ZIP	RonKonKoma, N.Y. 11779	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, David M.	
STREET ADDRESS	4175 Veterans Hwy	
CITY-ST-ZIP	RonKonKoma, N.Y. 11779	

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

Gary P. Stevens

Date

7/27/01

Daytime Phone #

631-737-9700

0105704 AT

CR2E034 (5/01)