

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 825109

1. Entity Name

JOSEPH FOODSERVICE, INC.



Principal Place of Business

107 AVENUE B  
PO BOX 1187  
VALDOSTA GA 31601

Mailing Address

PO BOX 51890  
KNOXVILLE TN 37950-1890  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
SUITE 1  
TALLAHASSEE, FL. FL 32301

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 13, 2000 Min. 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	P	<input checked="" type="checkbox"/> Delete
NAME	CIRINA, LARRY J	
STREET ADDRESS	4741 SINGLETON STREET ROAD	
CITY-ST-ZIP	LOUISVILLE TN 37777	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	AKERS, MIKE	
STREET ADDRESS	4741 SINGLETON STREET ROAD	
CITY-ST-ZIP	LOUISVILLE TN 37717	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAEL, TOMMY	
STREET ADDRESS	4741 Singleton Station Rd.	
CITY-ST-ZIP	LOUISVILLE, TN 37777	
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:

*WILLIAM BEQUIF MIKE AKERS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-00  
Date

865-916-3410  
Daytime Phone #

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

09-12-2000 90002 009 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-0825040

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

CR2E034 (5/00)