

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 832382

1. Entity Name

CONAGRA POULTRY COMPANY

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90077 011 ***150.00

Principal Place of Business

Mailing Address

ONE CONAGRA DRIVE
CC241
OMAHA NE 68102-5001
US

ONE CONAGRA DRIVE
CC241
OMAHA NE 68102-5094
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

71-0451514

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THE PRENTICE HALL CORPORATION SYSTEM INC
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301

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 VPAT
NAME LIDDLE, RODNEY T.
STREET ADDRESS 2144 WHEELER STREET
CITY-ST-ZIP WOODRIDGE IL 60517

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS
NAME WITHERS, DAVID G
STREET ADDRESS 8105 NORTH 40 STREET
CITY-ST-ZIP OMAHA NE 68112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME LOVETTE, BLAKE D
STREET ADDRESS 1029 ARBOR TRACE NE
CITY-ST-ZIP ATLANTA GA 30319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CD
NAME OIFONZO, KEN
STREET ADDRESS 16646 HOWARD CIRCLE
CITY-ST-ZIP OMAHA NE 68128 ☒ Delete

TITLE VCD
NAME Jay D. Bolding
STREET ADDRESS 1625 N 129th St
CITY-ST-ZIP Omaha, NE 68154 ☐ Change ☒ Addition

TITLE VPSD
NAME O'DONNELL, JAMES P
STREET ADDRESS 1129 SOUTH 181 PLAZA
CITY-ST-ZIP OMAHA NE 68130 ☐ Delete

TITLE VPSD
NAME James P. O'Donnell
STREET ADDRESS 1126 South 181st Plaza
CITY-ST-ZIP Omaha, NE 68130 ☒ Change ☐ Addition

TITLE VP
NAME KEITH, DEBRA L
STREET ADDRESS 2918 BLACKHAWK CIRCLE
CITY-ST-ZIP OMAHA NE 68123 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Debra L. Keith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra L. Keith

1-13-00

Date

402-595-4575

Daytime Phone #

CR2E034 (9/99)