

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 836781

1. Entity Name  
**THE EGGO COMPANY**

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90476 050 \*\*\*150.00

Principal Place of Business  
**ONE KELLOGG SQUARE  
PO BOX 3599  
BATTLE CREEK MI 49016  
US**

Mailing Address  
**ONE KELLOGG SQUARE  
PO BOX 3599  
BATTLE CREEK MI 49016  
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 **51-0190508**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	PD	<input checked="" type="checkbox"/> Delete	TITLE	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMASON, D.W.		NAME	GUTIERREZ, CARLOS M.	
STREET ADDRESS	ONE KELLOGG SQUARE		STREET ADDRESS	ONE KELLOGG SQUARE	
CITY-ST-ZIP	BATTLE CREEK MI		CITY-ST-ZIP	BATTLE CREEK, MI 49016	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, R.M.		NAME	COCHRAN, RANDALL W.	
STREET ADDRESS	ONE KELLOGG SQUARE		STREET ADDRESS	ONE KELLOGG SQUARE	
CITY-ST-ZIP	BATTLE CREEK MI		CITY-ST-ZIP	BATTLE CREEK, MI 49016	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILDEA, EDWARD		NAME	PILNICK, GARY H.	
STREET ADDRESS	ONE KELLOGG SQ.		STREET ADDRESS	ONE KELLOGG SQUARE	
CITY-ST-ZIP	BATTLE CREEK MI		CITY-ST-ZIP	BATTLE CREEK, MI 49016	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, W.S.		NAME		
STREET ADDRESS	ONE KELLOGG SQUARE		STREET ADDRESS		
CITY-ST-ZIP	BATTLE CREEK MI		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINTON, J. R		NAME		
STREET ADDRESS	ONE KELLOGG SQUARE		STREET ADDRESS		
CITY-ST-ZIP	BATTLE CREEK MI		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

3. 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:

W. Stephen Perry W. Stephen Perry

Date

Daytime Phone #

CR2E034 (10/00)