

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 847226 (8)

1. Entity Name

Swift-Eckrich, Inc

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90069 040 \*\*\*150.00

Principal Place of Business

Mailing Address

ONE CONAGRA DRIVE  
ATTENTION TAX DEPARTMENT CC-237  
OMAHA, NE 68102-5001

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

36-3083857

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

The Prentice-Hall Corporation System,  
Inc.  
1201 Hays Street  
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	PD	<input type="checkbox"/> Delete
NAME	Thomas L. Manuel	
STREET ADDRESS	Nine ConAgra Drive	
CITY-ST-ZIP	Omaha, NE 68102-5001	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Debra L. Keith	
STREET ADDRESS	One ConAgra Drive	
CITY-ST-ZIP	Omaha, NE 68102-5001	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	Linda S. Harty	
STREET ADDRESS	One ConAgra Drive	
CITY-ST-ZIP	Omaha, NE 68102-5001	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	James P. O'Donnell	
STREET ADDRESS	One ConAgra Drive	
CITY-ST-ZIP	Omaha, NE 68102-5001	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	Jay D. Bolding	
STREET ADDRESS	One ConAgra Drive	
CITY-ST-ZIP	Omaha, NE 68102-5001	
TITLE	D.	<input type="checkbox"/> Delete
NAME	D.T. Peters	
STREET ADDRESS	1500 North Tower, One Central Park	
CITY-ST-ZIP	Omaha, NE 68102	

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	
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:

*Debra L. Keith*

Debra L. Keith

1-20-00

(402)595-4575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)