

20 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B01000000149

1. Entity Name

FLEMING FOODS OF TEXAS, L.P.

APPROVED
AND
FILED

02 APR 16 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6525 N. MERIDIAN
OKLAHOMA CITY OK 73116

Mailing Address

6525 N. MERIDIAN
OKLAHOMA CITY OK 73116



2. Principal Place of Business

6525 N. Meridian

3. Mailing Address

6525 N. Meridian

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Oklahoma City OK

City & State

Oklahoma City OK

4. FEI Number

75 1577380

Applied For

Not Applicable

Zip

Country

Zip

Country

73116 OK

73116 OK

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

C T CORPORATION SYSTEM
1200 SOUTH 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F94000006587
NAME FLEMING COMPANIES, INC.
STREET ADDRESS 6525 N. MERIDIAN
CITY-ST-ZIP OKLAHOMA CITY OK 73116

STREET ADDRESS

CITY-ST-ZIP

700005312487--4

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE *Mark D. Neumeister*

4-2-02

405 8402200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)