

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020315 MB

DOCUMENT # B01000000149

1. Entity Name
FLEMING FOODS OF TEXAS, L.P.



FILED

03 APR 21 PM 1:47



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
3524 N.W. 56
Suite, Apt. #, etc.

3. Mailing Address
3524 N.W. 56
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Oklahoma City OK
Zip 73112 Country USA

City & State
Oklahoma City OK
Zip 73112 Country USA

4. FEI Number 75-1577380

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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

100016338991
04/21/03 01009 001 **141.25
DATE

9. Capital Contributions
as Shown on record. \$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 | |
|---------------------------------|-------------------------|
| DOCUMENT # | F94000006587 |
| NAME | FLEMING COMPANIES, INC. |
| STREET ADDRESS | 6525 N. MERIDIAN |
| CITY-ST-ZIP | OKLAHOMA CITY OK 73116 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Nathan Sheldon, Assistant Treasurer

3-31-03

405 840 7200

Date Daytime Phone #

CR2E003 (10/02)