

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90011 038 ***158.75

DOCUMENT # F52741

1. Entity Name
SEMINOLE FOODS, INC.

Principal Place of Business

**6460 SE 110TH STREET
 BELLEVIEW FL 34420
 US**

Mailing Address

**% P.O. BOX 3007
 BELLEVIEW FL 34421
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2222027

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

**PATRICK, BILL
 122 COSTA MESA
 LADY LAKE FL 32159**

Name

Patrick, Bill

Street Address (P.O. Box Number is Not Acceptable)

13576 SE 49th Terrace

City

Summerfield

FL

Zip Code

34491

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

Bill Patrick

1-9-02

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, 2002 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 **P** ☐ Delete
 NAME **CHRISTOFF, WENDELL**
 STREET ADDRESS **7132 GLADYS S.E.**
 CITY-ST-ZIP **GRAND RAPIDS MI 49546**

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

TITLE **MD** ☐ Delete
 NAME **PATRICK, BILL**
 STREET ADDRESS **122 COSTA MESA**
 CITY-ST-ZIP **LADY LAKE FL 32159**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☒ Addition
 NAME ☐ Change ☒ Addition
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 CITY-ST-ZIP ☐ Change ☒ Addition

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 STREET ADDRESS ☐ Change ☐ Addition
 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:

Bill Patrick

Bill S. Patrick

1-9-02

352-245-1171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)