

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90373 035 \*\*\*150.00

**DOCUMENT # F94000002725**

1. Entity Name

**SHAPIRO PACKING COMPANY, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 119  
AUGUSTA GA 30903

P.O. BOX 119  
AUGUSTA GA 30903

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 **58-0525293**

Applied For

Not Applicable

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

**MCMENAMY, WILLIAM B**  
**50 N. LAURA ST., STE. 2925**  
**JACKSONVILLE FL 32202**

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, 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 **P** ☐ Delete  
NAME **SHAPIRO, NORMAN**  
STREET ADDRESS **3534 STEVENS WAY**  
CITY-ST-ZIP **AUGUSTA GA**

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

TITLE **VP** ☒ Delete  
NAME **KERSH, RONALD**  
STREET ADDRESS **410 CHICADEE LANE**  
CITY-ST-ZIP **WEST CHESTER PA**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Jerome Dean**  
STREET ADDRESS **1110 Red Rose Lane**  
CITY-ST-ZIP **Villanova Pa 19085**

TITLE **ST** ☐ Delete  
NAME **COGGINS, JOHN J**  
STREET ADDRESS **1220 BRENTFORD LANE**  
CITY-ST-ZIP **MALVERN PA**

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

TITLE **D** ☐ Delete  
NAME **GINADER, GEORGE**  
STREET ADDRESS **401 CITY AVE., STE 800**  
CITY-ST-ZIP **BALA CYNWYD PA**

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

TITLE **D** ☐ Delete  
NAME **PELINO, JOHN**  
STREET ADDRESS **401 CITY AVE., STE 800**  
CITY-ST-ZIP **BALA CYNWYD PA**

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

TITLE **ED** ☐ Delete  
NAME **LOTMAN, HERBERT**  
STREET ADDRESS **401 CITY AVE., STE 800**  
CITY-ST-ZIP **BALA CYNWYD PA**

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



Attachment  
F94000002725  
55866

401 City Avenue • Suite 800 • Bala Cynwyd, PA 19004  
(610) 667 6700 • Fax (610) 667-1465

May 1, 2001

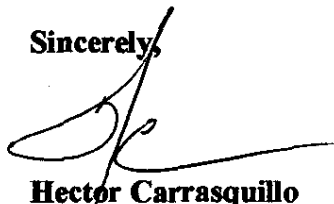
Registration Section  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Enclosed please find the 2001 Florida Uniform Business Report and a check in the amount of \$150.00 for Shapiro Packing Company Inc.

Please acknowledge receipt of this letter by signing the enclosed copy of this letter and returning it in the enclosed self-addressed stamped envelope.

Sincerely,



Hector Carrasquillo  
Assistant Treasurer

HC/lmg  
Enclosure

Certified # 7099-3220-0008-3151-5748

Received: \_\_\_\_\_

Date: \_\_\_\_\_



Attachment  
Fq 4000002725

550866

401 City Avenue • Suite 800 • Bala Cynwyd, PA 19004  
(610) 667 6700 • Fax (610) 667-1465

**Duplicate, please sign and return in enclosed envelope**

May 1, 2001

Registration Section  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32314-6327

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