

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004893

1. Entity Name

JOHANNA FOODS, INC.

Principal Place of Business

JOHANNA FARMS RD
FLEMINGTON NJ 08822

Mailing Address

PO BOX 272
FLEMINGTON NJ 08822-0272

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

22-2973062

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACOSTA SALES CO.
2775 NW 62ND ST
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

ADVANTAGE SALES & MARKETING

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

3444 N. Memorial Highway

City

Tampa

FL

Zip Code
33607

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

James Whitford Business Manager

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

(NOTE: Registered Agent signature required when reinstating)

1-27-00

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

TITLE P
NAME FACCHINA, ROBERT A
STREET ADDRESS 5 BLUE BIRD CT
CITY-ST-ZIP FLEMINGTON NJ 08822 ☐ Delete

TITLE V
NAME COOK, RICHARD A
STREET ADDRESS 108 HOCKENBURY DR
CITY-ST-ZIP GLEN GARDNER NJ 08826 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

Richard A. Cook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Cook

1/27/00

908/788-2389

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE