

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED UBR \$61.25

DOCUMENT # **F96000006098**

1. Entity Name

Lykes Meat Group, Inc.

FILED

01 MAR 20 PM 3:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**200 Commerce Street
Smithfield, VA 23430**

Mailing Address
**LISA R Butler
200 Commerce Street
Smithfield VA 23430**

2. Principal Place of Business
200 Commerce St

3. Mailing Address
200 Commerce St

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Smithfield VA

City & State
Smithfield, VA

Zip
23430

Country
Isle of Wight

Zip
23430

Country
Isle of Wight

4. FEI Number
54-1823378

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

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Plantation **FL** **33324**

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 CEO	<input checked="" type="checkbox"/> Delete
NAME LUTER, JOSEPH W. III	
STREET ADDRESS 200 Commerce St	
CITY-ST-ZIP Smithfield VA 23430	
TITLE SD	<input type="checkbox"/> Delete
NAME Colt, Michael H.	
STREET ADDRESS 200 Commerce Street Smithfield	
CITY-ST-ZIP Smithfield, VA 23430	
TITLE Vice President	<input type="checkbox"/> Delete
NAME Ape, C. Larry	
STREET ADDRESS 200 Commerce St	
CITY-ST-ZIP Smithfield, VA 23430	
TITLE AS	<input type="checkbox"/> Delete
NAME Stevens, Daniel G.	
STREET ADDRESS 200 Commerce St	
CITY-ST-ZIP Smithfield, VA 23430	
TITLE AS	<input type="checkbox"/> Delete
NAME Butler, Lisa R.	
STREET ADDRESS 200 Commerce Street	
CITY-ST-ZIP Smithfield, VA 23430	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE President and CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Little, Lewis R.	
STREET ADDRESS P.O. Box 449	
CITY-ST-ZIP Smithfield, VA 23131-0449	
TITLE VP - Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Kuhn, Steve	
STREET ADDRESS P.O. Box 518	
CITY-ST-ZIP Plant City, FL 33564-0518	
TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 400003924514-3	
STREET ADDRESS -03/28/01--01098--005	
CITY-ST-ZIP *****61.25 *****61.25	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (11/00)

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 **LISA R. Butler**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-01

Date

757.451.0075

Daytime Phone #