

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006763

1. Entity Name

WHOLE FOODS MARKET GROUP, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90300 049 \*\*\*150.00

Principal Place of Business

Mailing Address

605 BROAD ST  
DURHAM NC 27705

601 N LAMAR TAX DEPT  
SUITE 300  
AUSTIN TX 78703  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1711175

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

C T CORPORATION SYSTEM  
1201 HAYES STREET  
TALLAHASSEE FL 32301

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☐ Delete  
NAME FLANAGAN, GLENDA  
STREET ADDRESS 6924 ROBERT DIXON  
CITY-ST-ZIP AUSTIN TX 78749

TITLE Director ☐ Change ☒ Addition  
NAME Gallo A.C.  
STREET ADDRESS 45 Prolovich Road  
CITY-ST-ZIP Colrain, MA 01340

TITLE D ☐ Delete  
NAME FLANAGAN, GLENDA  
STREET ADDRESS 6924 ROBERT DIXON  
CITY-ST-ZIP AUSTIN TX 78449

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

TITLE D ☐ Delete  
NAME GOLDBERG, AVRAM J  
STREET ADDRESS 270 BEACON ST  
CITY-ST-ZIP BOSTON MA 02178

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

TITLE D ☒ Delete  
NAME MASON, LINDA A  
STREET ADDRESS 73 SOMERSET ST  
CITY-ST-ZIP BELMONT MA 02116

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

TITLE AS ☐ Delete  
NAME ELLERBE, LESLIE  
STREET ADDRESS 7701 MALVERN HILL CT  
CITY-ST-ZIP AUSTIN TX 78745

TITLE AS ☒ Change ☐ Addition  
NAME Ellerbe, Leslie  
STREET ADDRESS 2110 4th Street  
CITY-ST-ZIP Boulder, CO 80302

TITLE AS ☐ Delete  
NAME FONTAINE, LINDA  
STREET ADDRESS 15200 RAINBOW TWO  
CITY-ST-ZIP AUSTIN TX 78734

TITLE AS ☒ Change ☐ Addition  
NAME Fontaine, Linda  
STREET ADDRESS 11410 Catalonia Drive  
CITY-ST-ZIP Austin, TX 78759

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:

*Linda Fontaine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 (512) 477-5566 x1122

CR2E034 (9/99)