

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000309

1. Entity Name

EAGLE FAMILY FOODS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90028 045 ***150.00

Principal Place of Business	Mailing Address
220 WHITE PLAINS ROAD TARRYTOWN NY 10591	220 WHITE PLAINS ROAD TARRYTOWN NY 10591-5837

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	13-3982757	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

7. Name and Address of New Registered Agent		
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	
TITLE	PD <input type="checkbox"/> Delete
NAME	NUGENT, JOHN O
STREET ADDRESS	4 GATEHALL DR., 2ND FL
CITY-ST-ZIP	PARSIPPANY NJ
TITLE	VS <input type="checkbox"/> Delete
NAME	RICH, JONATHAN
STREET ADDRESS	4 GATEHALL DR, 2ND FL
CITY-ST-ZIP	PARSIPPANY NY
TITLE	T. <input type="checkbox"/> Delete
NAME	STEINKE, CRAIG
STREET ADDRESS	220 WHITE PLAINS RD
CITY-ST-ZIP	TARRYTOWN NY
TITLE	V <input type="checkbox"/> Delete
NAME	BYRNE, JAMES A
STREET ADDRESS	220 WHITE PLAINS RD
CITY-ST-ZIP	TARRYTOWN NY
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	DALE JR, FREDERICK M
STREET ADDRESS	220 WHITE PLAINS RD
CITY-ST-ZIP	TARRYTOWN NY
TITLE	V <input type="checkbox"/> Delete
NAME	LUMMP, RICHARD A
STREET ADDRESS	220 WHITE PLAINS RD
CITY-ST-ZIP	TARRYTOWN NY

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	220 White Plains Rd.
CITY-ST-ZIP	Tarrytown, NY 10591
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	220 White Plains Rd
CITY-ST-ZIP	Tarrytown, NY 10591
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 address, and all other like empowered.

SIGNATURE: Craig Steinke **REQUIRE** 4/18/00 (614) 501-4268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #