

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90029 013 \*\*\*150.00

0681220

**DOCUMENT # F98000005514**

1. Entity Name

**SAVANNAH MOLASSES & SPECIALTIES COMPANY**

Principal Place of Business

2 EAST BRYAN ST.  
 SAVANNAH GA 31402

Mailing Address

2 EAST BRYAN ST.  
 SAVANNAH GA 31402

2. Principal Place of Business

3. Mailing Address

*P.O. Box 9*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Sugar Land TX*

Zip

Country

Zip

Country

*77487*

*USA*

4. FEI Number **58-2161437**

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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	DSVP	<input type="checkbox"/> Delete
NAME	SCHWER, WILLIAM F	
STREET ADDRESS	8016 HWY 90A	
CITY-ST-ZIP	SUGAR LAND TX	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	STORY, J E	
STREET ADDRESS	2 EAST BRYAN ST	
CITY-ST-ZIP	SAVANNAH GA	
TITLE	AT	<input type="checkbox"/> Delete
NAME	MERCER, KAREN L	
STREET ADDRESS	8016 HWY 90A	
CITY-ST-ZIP	SUGAR LAND TX	
TITLE	S	<input type="checkbox"/> Delete
NAME	CORDES JR, ROY L	
STREET ADDRESS	8016 HWY 90A	
CITY-ST-ZIP	SUGAR LAND TX	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROCHE, DAVID H	
STREET ADDRESS	2 EAST BRYAN ST	
CITY-ST-ZIP	SAVANNAH GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STORY, J.E.	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCER, KAREN L.	
STREET ADDRESS	SAME	
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		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OXNARD, JR. B.A.	
STREET ADDRESS	2 EAST BRYAN ST	
CITY-ST-ZIP	SAVANNAH GA 31401	

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:

*Roy L. Cordes Jr*

*Roy L. Cordes, Jr*

*2/5/01*

*281*

*490 9527*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)