

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90626 050 ***150.00

DOCUMENT # F99000000603

1. Entity Name

WILLOW BROOK FOODS, INC.

Principal Place of Business

Mailing Address

**405 N. JEFFERSON AVE.
 SPRINGFIELD, MO 65805**

**405 N. JEFFERSON AVE.
 SPRINGFIELD, MO 65805**

2. Principal Place of Business

3. Mailing Address

8122 DATAPoint DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

900

City & State

SAN ANTONIO, TEXAS

4. FEI Number

74-2678100

Applied For

Not Applicable

Zip

Country

Zip

Country

78229

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

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 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 **CD** ☐ Delete
 NAME **LEES, HAROLD J.**
 STREET ADDRESS **8122 DATAPoint DRIVE, SUITE 900**
 CITY-ST-ZIP **SAN ANTONIO, TX 78229**

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

TITLE **PD** ☐ Delete
 NAME **BRIGGS, MICHAEL E.**
 STREET ADDRESS **405 N. JEFFERSON AVE.**
 CITY-ST-ZIP **SPRINGFIELD, MO 65805**

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

TITLE **VSD** ☐ Delete
 NAME **LYLES JR., THOMAS W.**
 STREET ADDRESS **8122 DATAPoint DRIVE, SUITE 900**
 CITY-ST-ZIP **SAN ANTONIO, TX 78229**

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

TITLE **VT** ☐ Delete
 NAME **STAFFEL, CHARLES A.**
 STREET ADDRESS **8122 DATAPoint DRIVE, SUITE 900**
 CITY-ST-ZIP **SAN ANTONIO, TX 78229**

TITLE **VTD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☐ Delete
 NAME **FOUCART, STEPHEN C.**
 STREET ADDRESS **8122 DATAPONIT DRIVE, SUITE 900**
 CITY-ST-ZIP **SAN ANTONIO, TX 78229**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **405 N. JEFFERSON AVE.**
 CITY-ST-ZIP **SPRINGFIELD, MO 65805**

TITLE **AT** ☐ Delete
 NAME **PROVOW, OLEN**
 STREET ADDRESS **405 N. JEFFERSON AVE.**
 CITY-ST-ZIP **SPRINGFIELD, MO 65805**

TITLE ☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles A. Staffel

4/30/01

210-614-7051

Date

Telephone Number

CR2E034 (11/00)