

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H27859

1. Entity Name

FLOWERS BAKING COMPANY OF BRADENTON, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90918 047 ***150.00

Principal Place of Business

Mailing Address

6490 PARKLAND DRIVE
SARASOTA FL 34223-4035
US

1919 FLOWERS CIRCLE
THOMASVILLE GA 31757-1137
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1723981**

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

CT CORPORATION SYSTEM
1200 S. 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, 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	VPD	<input type="checkbox"/> Delete
NAME	STONE, TODD	
STREET ADDRESS	1919 FLOWERS CIRCLE	
CITY-ST-ZIP	THOMASVILLE GA 31757	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCOMBS, RICK	
STREET ADDRESS	1919 FLOWERS CIR	
CITY-ST-ZIP	THOMASVILLE GA 31757	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PEDRICK, MARK	
STREET ADDRESS	6490 PARKLAND DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	LAUDER, KARYL	
STREET ADDRESS	1919 FLOWERS CIRCLE	
CITY-ST-ZIP	THOMASVILLE GA 31757	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, JOHN	
STREET ADDRESS	1919 FLOWERS CIRCLE	
CITY-ST-ZIP	THOMASVILLE GA 31757	
TITLE	AS	<input type="checkbox"/> Delete
NAME	AVERA, STEVE	
STREET ADDRESS	1919 FLOWERS CIRCLE	
CITY-ST-ZIP	THOMASVILLE GA 31757	

TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karyl Lauder,	
STREET ADDRESS	1919 Flowers Circle	
CITY-ST-ZIP	Thomasville, GA 31757	
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		
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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
Date

912-226-9110
Daytime Phone #

CR2E034 (9/99)