

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H30676

1. Entity Name

C & W FOOD SERVICE, INC.

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

04-27-2000 90069 026 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O ROGER CHAMPION  
4716 CAPITAL CIRCLE SW  
TALLAHASSEE FL 32310-7511  
US

C/O ROGER CHAMPION  
POST OFFICE BOX 5346  
TALLAHASSEE FL 32314-5346  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2463581

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

CHAMPION, ROGER  
354 MILE STONE DRIVE  
TALLAHASSEE FL 32312

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	V	<input checked="" type="checkbox"/> Delete
NAME	CORDEY, PARRISH	
STREET ADDRESS	103 STRATFORD CORNERS	
CITY-ST-ZIP	THOMASVILLE GA	
TITLE	V	<input type="checkbox"/> Delete
NAME	GALLON, NATHANIEL	
STREET ADDRESS	865 N. WAUKEENAH	
CITY-ST-ZIP	MONTICELLO FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHAMPION, ROGER	
STREET ADDRESS	354 MILESTONE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHAMPION, DONNA	
STREET ADDRESS	354 MILE STONE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WHATLEY, MARY	
STREET ADDRESS	905 N. JEFFERSON ST.	
CITY-ST-ZIP	MONTICELLO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCOGGINS, FRANK	
STREET ADDRESS	1409 GORDON AVE	
CITY-ST-ZIP	THOMASVILLE GA	

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
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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 of Roger Champion*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-2000

Date

Daytime Phone #

CR2E034 (9/99)