

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90019 005 ***150.00

DOCUMENT # H30676

1. Entity Name
C & W FOOD SERVICE, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

4446 ENTRE POT BLVD
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TALLAHASSEE FLA

City & State

Zip

32305

Country

USA

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

**CHAMPION, ROGER
354 MILE STONE DRIVE
TALLAHASSEE FL 32312**

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 *Roger C. Champion*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-2002

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, 2002 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 **V** ☐ Delete
NAME **GALLON, NATHANIEL**
STREET ADDRESS **865 N. WAUKEENAH**
CITY-ST-ZIP **MONTICELLO FL**

TITLE **P** ☐ Delete
NAME **CHAMPION, ROGER**
STREET ADDRESS **354 MILESTONE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **S** ☐ Delete
NAME **CHAMPION, DONNA**
STREET ADDRESS **354 MILE STONE DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **V** ☐ Delete
NAME **WHATLEY, MARY**
STREET ADDRESS **905 N. JEFFERSON ST.**
CITY-ST-ZIP **MONTICELLO FL**

TITLE **V** ☐ Delete
NAME **SCOGGINS, FRANK**
STREET ADDRESS **1409 GORDON AVE**
CITY-ST-ZIP **THOMASVILLE GA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Roger C. Champion
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-2002

**850
875 853 EXT**

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CR2E034 (9/01)