

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2000 8:00 am
Secretary of State**

01-25-2000 90109 014 ***150.00

DOCUMENT # H38894

1. Entity Name

MAC'S MEAT MARKET, INC.

Principal Place of Business BOX 899 WINTER HAVEN FL 33882	Mailing Address 1277 1ST ST. S WINTER HAVEN FL 33880-3946 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2502148		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	
CHILTON, CHARLES R. 99 SIXTH STREET, S.W. WINTER HAVEN FL 33883		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 _____ (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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DAS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHILTON, CHARLES R.	NAME	
STREET ADDRESS	99 SIXTH STREET, S.W.	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SATERBO, STEPHEN	NAME	
STREET ADDRESS	302 PROGRESS RD	STREET ADDRESS	
CITY-ST-ZIP	AUBURNDAL FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SATERBO, BRYAN N	NAME	
STREET ADDRESS	302 PROGRESS RD	STREET ADDRESS	
CITY-ST-ZIP	AUBURNDAL FL	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCCLELLAND, AUDREY M	NAME	
STREET ADDRESS	4925 ELAM RD	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Audrey M. McClelland 1/18/00 941 299-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #