

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J68639

1. Entity Name

BERRY PACKAGING, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90217 001 ***158.75

Principal Place of Business

HWY 80 FIVE MILES WEST
P.O. BOX 459
LABELLE FL 33935

Mailing Address

PO BOX 5609
ATTN: KATHY MCDANIEL
WINTER HAVEN FL 33880-0609
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2794707

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

XX

\$8.75 Additional -
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERRY, JACK M.
HWY 80 W
LABELLE FL 33935

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	PD	<input type="checkbox"/> Delete
NAME	KEMPER, W.E.	
STREET ADDRESS	HWY 80, WEST	
CITY-ST-ZIP	LABELLE FL	
TITLE	CVD	<input type="checkbox"/> Delete
NAME	BERRY, JACK M JR	
STREET ADDRESS	1945 8TH TERR SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, RANDOLPH A	
STREET ADDRESS	1450 MASSARO BLVD	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCDANIEL, KATHY	
STREET ADDRESS	344 LAKE DAISY CIRCLE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLEMAN, HAROLD R	
STREET ADDRESS	3655 SR 80 WEST	
CITY-ST-ZIP	ALVA FL 33920	
TITLE		<input type="checkbox"/> Delete
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		
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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

Kathy H. MCDaniel, Secretary

1/17/00

(863)324-4988

Date

Daytime Phone #

CF2E034 (9/99)