

2001 UNIFORM BUSINESS REPORT (UBR)

0032544 SP

DOCUMENT # L00000003869

1. Entity Name

PRATTVILLE FOODS, LLC

FILED

LC 2/6

01 JAN 30 PM 12:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

2202 FESTIVAL LANE
MONTGOMERY AL 36117

Mailing Address

2503 HWY 60 EAST
VALRICO FL 33594



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

717 E. Main St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Prattville - Alabama

City & State

Zip

Country

Zip

Country

36067

4. FEI Number

58-2535795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORMAN, CHRISTOPHER H
315 S HYDE PARK AVENUE
TAMPA FL 33606

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS KAZBOUR, TATAL A TRUSTEE
CITY-ST-ZIP 2503 HWY 60 EAST
VALRICO FL 33594 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003656722-8
CITY-ST-ZIP -02/07/01--01101--005
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)