

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90161 037 ****50.00

DOCUMENT # L00000016204

1. Entity Name

FLOWERS BAKING CO. OF BRADENTON, LLC

Principal Place of Business

**6490 PARKLAND DR.
 SARASOTA FL 34223-4035**

Mailing Address

**1919 FLOWERS CIRCLE
 THOMASVILLE GA 31757**

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

58-1723981

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COATE, JOHN 1919 FLOWERS CIRCLE THOMASVILLE GA 31757 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHWARTZ, JOHN 1919 FLOWERS CIRCLE THOMASVILLE GA 31757 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JARRELL, JASON 1919 FLOWERS CIRCLE THOMASVILLE GA 31757 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS AVERA, STEVE 1919 FLOWERS CIRCLE THOMASVILLE GA 31757 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LAUDER, KARYL 1919 FLOWERS CIRCLE THOMASVILLE GA 31757 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

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

**VP
 Mike McCall
 1919 Flowers Circle
 Thomasville, GA 31757**

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 REQUIRED Karyl Lauder

4/10/2002

(229)226-9110

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

Date

Daytime Phone #

CR2E083 (9/01)