## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED **DOCUMENT # L21272** Jul 25, 2000 8:00 am 1. Entity Name **Secretary of State** SOUTHWEST FLORIDA FOOD, INC. 07-25-2000 90005 039 \*\*\*550.00 Mailing Address Principal Place of Business % HOLLY EAKIN MOODY % HOLLY EAKIN MOODY 1107 C & S DRIVE, P.O. BOX 1005 1107 C & S DRIVE, P.O. BOX 1005 TIFTON GA 31793 TIFTON GA 31793 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0177658 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOODY, HOLLY EAKIN Street Address (P.O. Box Number is Not Acceptable) 2900 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306 City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE ☐ Change Addition TITLE HUNT, GEORGE M.D. IV NAME NAME 30 ISLA BAHIA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Addition Change ☐ Delete TITLE TITLE HUNT, GEORGE M.D. III NAME NAME STREET ADDRESS 312 W 24TH ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TIFTON GA STD Addition Change TITLE Delete . TITLE HUNT, JULIE E. NAME NAME STREET ADDRESS 312 W. 24TH STREET STREET ADDRESS CITY-ST-ZIP TIFTON GA CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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), Fiorida 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