

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L74805

1. Entity Name

FLORIDA FOOD PRODUCTS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90042 050 ***150.00

Principal Place of Business

% ALEXANDER Z. BROWN
W. HIGHWAY 44-P.O. BOX 1300
EUSTIS FL 32727

Mailing Address

% ALEXANDER Z. BROWN
W. HIGHWAY 44-P.O. BOX 1300
EUSTIS FL 32727-1300

2. Principal Place of Business

FLORIDA FOOD PRODUCTS
Suite, Apt. #, etc.
2231 WEST HWY 44

3. Mailing Address

2231 WEST HWY 44
Suite, Apt. #, etc.

City & State

EUSTIS FL

City & State

EUSTIS FL

Zip

32726

Country

USA

Zip

32726

Country

USA

4. FEI Number

59-3013598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, THOMAS H
531 W YALE ST
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name TDM BROWN

Street Address 2231 W. Hwy 44

City

EUSTIS

FL

Zip Code

32726

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

Thomas H. Brown

THOMAS H. BROWN Vice President

1/05/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, CAROLINE P	
STREET ADDRESS	1209 COUNTRY LN	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BROWN, THOMAS H.	
STREET ADDRESS	2231 W HWY 44	
CITY-ST-ZIP	EUSTIS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, JERRY P.	
STREET ADDRESS	2231 W HWY 44	
CITY-ST-ZIP	EUSTIS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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:

Thomas H. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/03/00

352-357-4141

CR2E034 (9/99)