

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004674 AF

DOCUMENT # L99000001034

1. Entity Name

HARVEST BASKET FOODS II, L.L.C.

FILED

2001 APR 30 PM 3:10

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
250 INTERNATIONAL PARKWAY, SUITE 226  
HEATHROW FL 32746

Mailing Address  
250 INTERNATIONAL PARKWAY, SUITE 226  
HEATHROW FL 32746

2. Principal Place of Business  
8890 NW 7th Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
8890 NW 7th Ave.  
Suite, Apt. #, etc.

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33150

Country  
Dade

Zip  
33150

Country  
Dade

4. FEI Number  
59-3566728

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAY, N. DWAYNE JR.  
GREENSPOON, MARDER, HIRSHFELD RAKIN  
135 WEST CENTRAL BLVD., SUITE 1100  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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 *N. Dwayne Gray, Jr.* N. Dwayne Gray, Jr., MGR 04/27/01

Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent signature required when reinstating

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILARDI MANAGEMENT SERVICES LLC 2531 TILLER LANE COLUMBUS OH 43231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2100 Country Club Rd. Sanford, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, ROBERT 8890 NW 7th Ave. Miami, FL 33150	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, N. DWAYNE, JR. 135 West Central Blvd., Suite 1100 Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004218313-4 -05/15/01--0125--005 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *N. Dwayne Gray, Jr.* N. Dwayne Gray, Jr., MGR 04/27/01 407-425-6559

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

Date

Daytime Phone #

CR2E083 (11/00)