

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001035

1. Entity Name
HARVEST BASKET FOODS I, L.L.C.

FILED

01 APR 30 PM 6:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business 3. Mailing Address
8890 NW 7th Ave. 8890 NW 7th Ave.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, FL Miami, FL

Zip Country Zip Country
33150 Dade 33150 Dade

4. FEI Number 59-3562548 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., MGR 04/27/01
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

500004221185--9
-05/16/01--01135--006
*****50.00 *****50.00

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	2100 COUNTRY CLUB ROAD SANFORD, FL 32771	<input checked="" type="checkbox"/> Change <input 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	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		<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., MGR 04/27/01 407-425-6559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #