

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000005233

1. Entity Name
FIDELITY FOODS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 29 PM 1:45

Principal Place of Business
1282 TIMBERLANE COMMONS
SUITE C
TALLAHASSEE FL 32312

Mailing Address
P.O. BOX 13948
TALLAHASSEE FL 32317



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

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

HOOD, CHARLES R
1282 TIMBERLANE COMMONS
SUITE C
TALLAHASSEE FL 32312

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS HOOD, CHARLES R
CITY-ST-ZIP 1282 TIMBERLANE COMMONS SUITE C
TALLAHASSEE FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003415765--6
-10/05/00--01114--907
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

CHARLES R. HOOD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9/27/00
Date

850-668-4996
Daytime Phone #

CR2E083 (5/00)