

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L 9900000 9391**

1. Entity Name
HOP-IN FOOD STORES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL -3 PM 1:29

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address
1025 AIRPORT PKWY SW
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State **GAINESVILLE - GA**
Zip Country Zip **30501** Country **USA**

4. FEI Number **58-2508712** Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
C/O CT SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION - FL - 33324

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 _____
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/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE MGM NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL F MANSFIELD 1025 AIRPORT PKWY S.W GAINESVILLE - GA - 30501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE MGR NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RICHARD PFERSECK 1025 AIRPORT PKWY SW GAINESVILLE - GA - 30501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE MGR NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHRISTOPHER P. BIBB 1025 AIRPORT PKWY S.W GAINESVILLE - GA - 30501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100003317131--4 -07/10/00--01011--011 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: **[Signature]** **6-29-00** **678-450-2049**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)