

# 2001 UNIFORM BUSINESS REPORT (UBR)

0030416 AB

**DOCUMENT #** L99000009391  
**1. Entity Name**  
 HOP-IN FOOD STORES, LLC

FILED

01 APR -9 AM 7:49

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**      **Mailing Address**  
 1025 AIRPORT PARKWAY, S.W.      1025 AIRPORT PARKWAY, S.W.  
 GAINESVILLE GA 30501      GAINESVILLE GA 30501



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**  
 C T CORPORATION SYSTEM  
 C/O CT SYSTEM  
 1200 SOUTH PINE ISLAND RD  
 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** \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANSFIELD, MICHAEL F 1025 AIRPORT PARKWAY, S.W. GAINESVILLE GA 30501 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERSICK, RICHARD 1025 AIRPORT PARKWAY, S.W. GAINESVILLE GA 30501 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIBB, CHRISTOPHER P 1025 AIRPORT PARKWAY, S.W. GAINESVILLE GA 30501 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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:** CSAR BEL      3/29/01      678-450-2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (11/00)