

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # M99000002035**

1. Entity Name

SYSCO FOOD SERVICES OF SOUTHEAST FLORIDA, LLC

Principal Place of Business

1999 HIGHWAY 710

RIVIERA BEACH
33404

FL

Mailing Address

1999 HIGHWAY 710

RIVIERA BEACH
33404

FL

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

74-2936450

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$5.00** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCORPORATION SERVICE COMPANY
1201 HAYS STREET

TALLAHASSEE

US

FL

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)

05/01/2000

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 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**10. ADDITIONS/CHANGES**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP MGR DUNCAN O W ☐ Change ☒ Addition
313 WORTHING LANE
MCDONOUGH GA 30253TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP MGR DECK WALTER S ☐ Change ☒ Addition
183 SATINWOOD LANE
PALM BEACH GARDENS FL 33410TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP MGR BERKE KENT R ☐ Change ☒ Addition
4813 CEDAR STREET
BELLAIRE TX 77401TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP MGRM SYSCO CORPORATION ☐ Change ☒ Addition
1390 ENCLAVE PARKWAY
HOUSTON TX 77072099TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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.