

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90062 042 ****61.25

DOCUMENT # N98000005282

1. Entity Name

THE GROCERY MANUFACTURERS REPRESENTATIVES ASSOCIATION OF JACKSONVILLE, FLORIDA INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 23403
 JACKSONVILLE FL 32241

P.O. BOX 23403
 JACKSONVILLE FL 32241

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

59-2125530

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REH, GARY
1333 TRADEPORT DR
JACKSONVILLE FL 32218

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 \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	MCNEELY, RALPH	
STREET ADDRESS	P.O. BOX 23403	
CITY-ST-ZIP	JACKSONVILLE FL 32241	
TITLE	C	<input type="checkbox"/> Delete
NAME	MOOREWEDO, BARBARA	
STREET ADDRESS	63 JACKSON AVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	T	<input type="checkbox"/> Delete
NAME	REH, GARY	
STREET ADDRESS	1333 TRADEPORT DR	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARROL, DICK	
STREET ADDRESS	1411 HURON ST	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRICKLAND, JIMMY	
STREET ADDRESS	P.O. BOX 5623	
CITY-ST-ZIP	JACKSONVILLE FL 32247	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYHEART, JIM	
STREET ADDRESS	P.O. BOX 8090	
CITY-ST-ZIP	JACKSONVILLE FL 32239	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02 (904) 741-1241
 Date Daytime Phone #

CR2E037 (9/01)