

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

07-01-2002 90310 046 \*\*\*150.00

**DOCUMENT # P01000089947**

1. Entity Name

**GENUINE MIDWESTERN BEEF, INC.**

Principal Place of Business

**13581 65TH STREET NORTH  
 LARGO FL 33771**

Mailing Address

**ATTN: JAMES KELLY  
 3641 SPYGLASS CT  
 GREEN COVE SPRINGS FL 32043**

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

**01-0578395**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KELLY, JAMES  
 3641 SPYGLASS CT  
 GREEN COVE SPRINGS FL 32043**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete  
 NAME **KELLY, JAMES**  
 STREET ADDRESS **3641 SPYGLASS CT**  
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

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

TITLE **V** ☒ Delete  
 NAME **DELHAGEN, TIMOTHY L**  
 STREET ADDRESS **1952 NURSERY RD**  
 CITY-ST-ZIP **LARGO FL 33764**

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

TITLE ☐ Delete  
 NAME  
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 CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

**8/10/02**  
 Date

**613-2334**  
 Daytime Phone #

CR2E034 (4/02)

~~Attachment~~

870649  
~~#~~ Pe1000087947

*MIDWESTERN*

3641 SPYGLASS CT.  
GREEN COVE SPRINGS  
FLORIDA 32043  
(904) 613 2334

FROZENFDS@AOL.COM

AUGUST 10, 2002

TO WHOM IT MAY CONCERN,

I MAILED IN TWO UBR REPORTS . ONE FOR MIDWESTERN MEATS,  
INC. AND ONE FOR GENUINE MIDWESTERN BEEF, INC.  
YOU SEND ONE BACK TO ME CAUSE I USED MY S.S. # ON ONE  
REPORT INSTEAD OF THE FEI NUMBER.  
ONLY ONE CHECK WAS CASH.  
I AM NOT SURE WHICH CHECK WAS CASH FOR WHICH COMPANY  
SO INCLOSED IS A REPLACEMENT CHECK FOR \$150.00, ALONG  
WITH TWO MORE REPORTS SIGNED AND DATED WITH MY PHONE  
NUMBER.

I HOPE THIS WILL CLOSE THIS MATTER. THANK YOU FOR YOUR  
ATTENTION.

Sincerely,

  
JAMES KELLY