

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90105 025 ***150.00

0594321

DOCUMENT # P37853

1. Entity Name

CROWLEY FOODS, INC.

Principal Place of Business

P.O. BOX 549
 BINGHAMTON NY 13902
 US

Mailing Address

P.O. BOX 549
 BINGHAMTON NY 13902
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **15-0282160**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE NAME	CD THORNE, RICHARD A.	<input type="checkbox"/> Delete
STREET ADDRESS	5143 HOLLY RD.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE NAME	P MARGHERIO MARTIN J.	<input type="checkbox"/> Delete
STREET ADDRESS	32 LINCOLN AVENUE	
CITY-ST-ZIP	BINGHAMTON NY	
TITLE NAME	SV CLINE, ROBERT T.	<input type="checkbox"/> Delete
STREET ADDRESS	22 CLYDE GRUVER DRIVE	
CITY-ST-ZIP	BINGHAMTON NY	
TITLE NAME	TV WEBB, TERESA E	<input type="checkbox"/> Delete
STREET ADDRESS	904 PRESCOTT AVE	
CITY-ST-ZIP	ENDICOTT NY	
TITLE NAME	D COMPTON, CHARLES H.	<input type="checkbox"/> Delete
STREET ADDRESS	43 CARLSON LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE NAME	V CERVANTES, JOSEPH P.	<input type="checkbox"/> Delete
STREET ADDRESS	49 COURT STREET	
CITY-ST-ZIP	BINGHAMTON NY	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/01 607 779.3289
 Date Daytime Phone #

CR2E034 (10/00)