

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059819

1. Entity Name

C. FLEMING HOLDINGS, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90269 008 ***158.75

Principal Place of Business

1500 N. OCEAN BLVD
STE 702
POMPANO BCH FL 33062

Mailing Address

1500 N. OCEAN BLVD
STE 702
POMPANO BCH FL 33062-3455

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

65-0689797

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

LEIBOWITZ, CHARLES
1500 N OCEAN BLVD
STE 702
POMPANO BCH FL 33062

Name

Leibowitz, Lynda R.
Street Address (P.O. Box Number is Not Acceptable)

1500 N. Ocean Blvd #702
Pompano Beach

City

FL

Zip Code

33062

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 date 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME LEIBOWITZ, CHARLES
STREET ADDRESS 1500 N. OCEAN BLVD #702
CITY-ST-ZIP POMPAO BCH FL 33062

TITLE ☒ Change ☐ Addition
NAME Lynda R. Leibowitz
STREET ADDRESS 1500 N Ocean Blvd #702
CITY-ST-ZIP Pompano Beach FL 33062

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynda R. Leibowitz 5/1/00 (904) 783-6901

CR2E034 (9/99)