

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090446

1. Entity Name

R N C FOODS, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90147 038 ***150.00

Principal Place of Business

Mailing Address

C/O THEODORE DANIELS. ESO.
4400 N FEDERAL HWY
BOCA RATON FL 33431

C/O THEODORE DANIELS. ESO.
4400 N FEDERAL HWY
BOCA RATON FL 33431-5187

LUUU7863



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4355 NW 25th WAY

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOCA RATON FLA.

City & State

Zip

33434

Country

PALM BEACH

Country

4. FEI Number

65-0792287

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANIELS, THEODORE
4400 N FEDERAL HWY
BOCA RATON FL 33431

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, 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

TITLE ☐ Delete
NAME P GNANN, VAN C JR
STREET ADDRESS 4355 NW 25TH WAY
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Delete
NAME VP LEVINS, JAY
STREET ADDRESS 7 FORT SALONGA WOODS RD
CITY-ST-ZIP NORTH PORT NJ 11768

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

Van C. Gnann, Jr. PRES

1/11/2000

561-241
0467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR21012 5/9/00