

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90036 043 \*\*\*150.00

**DOCUMENT # P97000091713**

**1. Entity Name**  
**FL FOOD LION, INC.**

**Principal Place of Business**  
**2110 EXECUTIVE DRIVE**  
**CORPORATE TAX DEPT.**  
**SALISBURY NC 28145**

**Mailing Address**  
**2110 EXECUTIVE DRIVE**  
**CORPORATE TAX DEPT.**  
**SALISBURY NC 28145**

**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** **56-2051565**

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**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCANLESS, R. WILLIAM	
STREET ADDRESS	2110 EXECUTIVE DR	
CITY-ST-ZIP	SALISBURY NC 28145-1330	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GEHL, KEITH M	
STREET ADDRESS	2110 EXECUTIVE DRIVE	
CITY-ST-ZIP	SALISBURY NC 28145-1330	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NAIL, LESTER C	
STREET ADDRESS	2110 EXECUTIVE DRIVE	
CITY-ST-ZIP	SALISBURY NC 28145	
TITLE	AST	<input type="checkbox"/> Delete
NAME	JAMES, RICHARD	
STREET ADDRESS	2110 EXECUTIVE DRIVE	
CITY-ST-ZIP	SALISBURY NC 28145	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KENDALL, LAURA C	
STREET ADDRESS	2110 EXECUTIVE DRIVE	
CITY-ST-ZIP	SALISBURY NC 28145	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DIXON, R. GLENN	
STREET ADDRESS	2110 EXECUTIVE DRIVE	
CITY-ST-ZIP	SALISBURY NC 28145	

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		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	G. Linn Evans	
STREET ADDRESS	2110 executive Drive	
CITY-ST-ZIP	Salisbury, NC 28145	
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*G. Linn Evans*

*April 11, 2002*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)