

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099028

1. Entity Name

F.C.C. FOODS, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90064 050 ***558.75

Principal Place of Business

42 SLEEPY HOLLOW ROAD
DOCTERS INLET FL 32068

Mailing Address

42 SLEEPY HOLLOW ROAD
DOCTERS INLET FL 32068-6865

2. Principal Place of Business

42 Sleepy Hollow Road

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 8

Suite, Apt. #, etc.

City & State

Middleburg, FL

City & State

Doctors Inlet, FL

Zip

32068

Country

USA

Zip

32030

Country

USA

4. FEI Number

59-3481058

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202

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 - P
NAME ASHBY, GEORGE H JR
STREET ADDRESS 42 SLEEPY HOLLOW RD
CITY-ST-ZIP DOCTERS INLET FL 32068 ☐ Delete

TITLE - VP
NAME JENNINGS, EDWARD A
STREET ADDRESS 42 SLEEPY HOLLOW RD
CITY-ST-ZIP DOCTERS INLET FL 32068 ☐ Delete

TITLE - ST
NAME KOSCIAUSKI, MARILYN
STREET ADDRESS 42 SLEEPY HOLLOW RD
CITY-ST-ZIP DOCTERS INLET FL 32068 ☒ Delete

TITLE - RDM
NAME BENDER, STEVE
STREET ADDRESS 42 SLEEPY HOLLOW RD
CITY-ST-ZIP DOCTERS INLET FL 32068 ☒ Delete

TITLE - VP
NAME EYRICK, PETER T
STREET ADDRESS 42 SLEEPY HOLLOW RD
CITY-ST-ZIP DOCTERS INLET FL 32068 ☒ Delete

TITLE -
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE - P ☒ Change ☐ Addition
NAME Ashby, George H. Jr.
STREET ADDRESS 42 Sleepy Hollow Road
CITY-ST-ZIP Middleburg, FL 32068

TITLE - V ☒ Change ☐ Addition
NAME Jennings, Edward A.
STREET ADDRESS 42 Sleepy Hollow Road
CITY-ST-ZIP Middleburg, FL 32068

TITLE - V ☐ Change ☒ Addition
NAME LaMont, Charles A.
STREET ADDRESS 42 Sleepy Hollow Road
CITY-ST-ZIP Middleburg, FL 32068

TITLE - V ☐ Change ☒ Addition
NAME Coogan, Clark
STREET ADDRESS 42 Sleepy Hollow Road
CITY-ST-ZIP Middleburg, FL 32068

TITLE - S ☐ Change ☒ Addition
NAME Jennings, Debra
STREET ADDRESS 42 Sleepy Hollow Road
CITY-ST-ZIP Middleburg, FL 32068

TITLE - ☐ Change ☒ Addition
NAME Asst. S.
STREET ADDRESS Alfred, Alicia
CITY-ST-ZIP 42 Sleepy Hollow Road Middleburg, FL 32068

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.

CONTACT: CLARK COOGAN

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George H. Ashby, Jr. 2/1/00 (904) 272-9548

Date

Daytime Phone #