

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000099028**1. Entity Name
F.C.C. FOODS, INC.**Principal Place of Business**

42 SLEEPY HOLLOW ROAD

MIDDLEBURG

32068

FL

Mailing Address

PO BOX 8

DOCTORS INLET

32030

FL

2. Principal Place of Business

42 SLEEPY HOLLOW ROAD

3. Mailing Address

42 SLEEPY HOLLOW ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIDDLEBURG

FL

City & State

MIDDLEBURG

FL

4. FEI Number**59-3481058****Applied For**☐ Not Applicable

Zip

32068

Country

US

Zip

32068

Country

US

5. Certificate of Status Desired☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

SMITH HULSEY & BUSEY

225 WATER STREET

SUITE 1800

JACKSONVILLE

32202

US

FL

7. Name and Address of New Registered Agent

Name

BLACKBURN DENNIS L

Street Address (P.O. Box Number is Not Acceptable)

5150 BELFORT ROAD SOUTH

BUILDING 500

City

JACKSONVILLE

FL

Zip Code

32256

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 **DENNIS L. BLACKBURN****04/26/2001**

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	AS	<input type="checkbox"/> Delete
NAME	ALFRED ALICIA	
STREET ADDRESS	42 SLEEPY HOLLOW RD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	S	<input type="checkbox"/> Delete
NAME	EYRICK PETER T	
STREET ADDRESS	42 SLEEPY HOLLOW RD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	V	<input type="checkbox"/> Delete
NAME	COOGAN CLARK	
STREET ADDRESS	42 SLEEPY HOLLOW RD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAMONT CHARLES A	
STREET ADDRESS	42 SLEEPY HOLLOW RD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JENNINGS EDWARD A	
STREET ADDRESS	42 SLEEPY HOLLOW RD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	P	<input type="checkbox"/> Delete
NAME	ASHBY GEORGE HJR	
STREET ADDRESS	42 SLEEPY HOLLOW RD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFRED ALICIA	
STREET ADDRESS	42 SLEEPY HOLLOW RD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMRICK RICHARD G	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS DEBORAH	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMONT CHARLES A	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS EDWARD A	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHBY, JR. GEORGE H	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	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.

SIGNATURE: **ALICIA ALFRED**

AS

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)