

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State
03-01-2000 90038 041 ***150.00

DOCUMENT # P97000105552
1. Entity Name
CRACKER BOY SEASONING, INC.

Principal Place of Business
375 SPRING FOREST DR.
NEW SMYRNA, FL 32168

Mailing Address
225 BRITTANY AVE.
PORT ORANGE, FL 32127

2. Principal Place of Business
1121 N. HALIFAX

3. Mailing Address
1121 N. HALIFAX

City & State
DAYTONA BEACH, FL

City & State
DAYTONA BEACH, FL

Zip
32118

Country
USA

4. FEI Number
59-3483376

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MICHAEL A. PYLE
1265 W. GRANADA BLVD., SUITE 1
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent
Name
JACK G. HAND, JR.
Street Address (P.O. Box Number is Not Acceptable)
200 W. FORSYTH ST., SUITE 1517
City
JACKSONVILLE **FL** **Zip Code**
32202

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BRENT PRICE P.O. BOX 8494 DAYTONA BEACH, FL 32123	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR; PRESIDENT BRENT PRICE 1812 Highland Lick Rd. RUSSELLVILLE, KY 42276	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR; CEO HELENE B. ROBERSON 1121 N. HALIFAX DAYTONA BEACH, FL 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY; TREASURER TONYA PRICE P.O. BOX 880 RUSSELLVILLE, KY 42276	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Helene B. Roberson **HELENE B. ROBERSON** **2/21/2000** **(904) 253-8005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CEO** **Date** **Daytime Phone #**

CR2E034 (9/99)