

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033433

1. Entity Name
VANKEMPEN FOODS, INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90004 035 ***150.00

Principal Place of Business
2123 PARK FOREST CT.
ORANGE PARK FL 32073

Mailing Address
2123 PARK FOREST CT.
ORANGE PARK FL 32073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2292 Southbrook Dr.
Suite, Apt. #, etc.

3. Mailing Address
2292 Southbrook Dr.
Suite, Apt. #, etc.

City & State
ORANGE PARK FL

City & State
ORANGE PARK, FL

4. FEI Number 59-3505061

Applied For
Not Applicable

Zip 32003 Country CLAY

Zip 32003 Country CLAY

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

VANKEMPEN, GERT-JAN
2123 PARK FOREST CT
ORANGE PARK FL 32073

Name

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

2292 Southbrook Dr

City

ORANGE PARK

FL

Zip Code

32003

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT VANKEMPEN, GERT-JAN 2123 PARK FOREST CT. ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV VANKEMPEN, MARY T 2123 PARK FOREST ORANGE PARK FL 32073	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2292 Southbrook Dr ORANGE PARK, FL 32003	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2292 Southbrook Dr ORANGE PARK FL 32003	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERT-JAN VANKEMPEN

3/17/01

Date

908-8900

Daytime Phone

CR2E034 (10/00)