

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047032

1. Entity Name

SOUTHERN FOODS AND PRODUCE, INC. ✓

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90005 050 ***550.00

Principal Place of Business

2800 DELANO ST
PENSACOLA FL 32505

Mailing Address

P.O. BOX 18506
PENSACOLA FL 32523

2. Principal Place of Business

2800 Delano St.

3. Mailing Address

P.O. BOX 18506

City & State

Pensacola FL

City & State

Pensacola FL

4. FEI Number

59-3516734

Applied For

Not Applicable

Zip

32505

Country

Esc.

Zip

32523

Country

Esc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEARS, JERRY D
2800 DELANO ST
PENSACOLA FL 32505

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

7/18/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	SEARS, JERRY D	
STREET ADDRESS	6913 SEA BASS CIRCLE	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PARR, JEFFREY F	
STREET ADDRESS	3015 WASHINGTON AVENUE	
CITY-ST-ZIP	PASCAGULA MS 39567	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CLARK, DAVID T	
STREET ADDRESS	2800 DELANO ST	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BRANNEN, DAVID	
STREET ADDRESS	2800 DELANO ST	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY
SEARS

7/18/00

850-432-1537

CR2E034 (5/00)