

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009217

1. Entity Name

HUBER FOODS, INC.

FILED

Apr 27, 2000 8:00 am  
Secretary of State

04-27-2000 90119 033 \*\*\*150.00

Principal Place of Business

Mailing Address

210 RED FISH CIR  
SANTA ROSA BEACH FL 32459

210 RED FISH CIR  
SANTA ROSA BEACH FL 32459-5358

2. Principal Place of Business

132 MARKET STREET

3. Mailing Address

132 MARKET STREET

Suite, Apt. #, etc.

SANTA ROSA BEACH FL

Suite, Apt. #, etc.

SANTA ROSA BEACH, FL

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3555294

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip  
32459

Country  
WALTON

Zip  
32459

Country  
WALTON

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUBER, GRANT A  
210 RED FISH CIR  
SANTA ROSA BEACH FL 32459

Name

GRANT A. HUBER

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

93 MAGNOLIA CREEK ROAD

City SANTA ROSA BEACH FL Zip Code 32459

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

Grant A. Huber (Grant A. Huber)

3/14/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME HUBER, GRANT A  
STREET ADDRESS 210 RED FISH CIR  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

☐ Delete

TITLE D/P  
NAME GRANT HUBER  
STREET ADDRESS 93 MAGNOLIA  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

☒ Change ☐ Addition

TITLE D  
NAME HUBER, KELLY  
STREET ADDRESS 210 RED FISH CIR  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

☐ Delete

TITLE DVP/Kee  
NAME Huber, Kelly  
STREET ADDRESS 93 MAGNOLIA CREEK RD  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

☒ Change ☐ Addition

TITLE D  
NAME HUBER, LLOYD  
STREET ADDRESS 2393 W COUNTY HWY, UNIT 30-A  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

GRANT A. HUBER

4/5/00 (850)622-1792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)