

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032138

1. Entity Name

KEEBLER FERNERIES, INC.

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90100 038 \*\*\*150.00

Principal Place of Business 2184 US HWY 17 N SEVILLE FL 32190	Mailing Address 2184 US HWY 17 N SEVILLE FL 32190-7839
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2. Principal Place of Business P.O. Box 9	3. Mailing Address P.O. Box 9
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Seville, FL	City & State Seville, FL	4. FEI Number 59-3580873	Applied For Not Applicable
Zip 32190	Country USA	Zip 32190	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PADGETT, JAMES L  
2184 US HWY 17 N  
SEVILLE FL 32190

7. Name and Address of New Registered Agent

Name: William C. Keebler  
Street Address (P.O. Box Number is Not Acceptable)  
110 Fallen Timber Trail  
City: DeLand FL Zip Code: 32724

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: *William C. Keebler* William C. Keebler President 1/12/2000  
(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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEEBLER, WILLIAM C 2184 US HWY 17 N SEVILLE FL 32190 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Keebler, William C. 110 Fallen Timber Trail DeLand, FL 32724 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEEBLER, JANINE J 2184 US HWY 17 N SEVILLE FL 32190 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Keebler, Janine J. 110 Fallen Timber Trail DeLand, FL 32724 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *William C. Keebler* William C. Keebler President 1/12/2000 (904) 749-9249  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #