

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109097

1. Entity Name

FOODCRAFTERS DISTRIBUTING COMPANY

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90061 004 \*\*\*150.00

Principal Place of Business

1350 SHEELER RD.  
ORLANDO FL 32704

Mailing Address

1350 SHEELER RD.  
ORLANDO FL 32704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3619455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHITAKER, RICHARD  
250 NO. ORANGE AVE., STE. 1100  
ORLANDO FL 32802

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

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	D	<input type="checkbox"/> Delete
NAME	BROWN, JOHN E	
STREET ADDRESS	1350 SHEELER RD.	
CITY-ST-ZIP	ORLANDO FL 32704	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, JOHN P	
STREET ADDRESS	1350 SHEELER RD.	
CITY-ST-ZIP	ORLANDO FL 32704	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, PETER	
STREET ADDRESS	1350 SHEELER RD.	
CITY-ST-ZIP	ORLANDO FL 32704	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROCHE, LINDA	
STREET ADDRESS	1350 SHEELER RD.	
CITY-ST-ZIP	ORLANDO FL 32704	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROCHE, ROBERT	
STREET ADDRESS	1350 SHEELER RD.	
CITY-ST-ZIP	ORLANDO FL 32704	
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Peter Wood* PETER WOOD

3/17/00

Date

407-886-3003

Daytime Phone #

CR2034 (9/99)