

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S10880

1. Entity Name

WEBB FOODS, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90011 013 ***158.75

Principal Place of Business

ONE JOHN ANDERSON DR
#620
ORMOND BCH FL 32176
US

Mailing Address

1 JOHN ANDERSON DR
620
ORMOND BEACH FL 32176-5790
US

2. Principal Place of Business
172 Riverside Dr.

3. Mailing Address
172 Riverside Dr.

Suite, Apt. #, etc.
DNA

Suite, Apt. #, etc.
DNA

City & State
Ormond Beach, FL

City & State
Ormond Beach, FL

4. FEI Number 59-3035168

Applied For
Not Applicable

Zip
32176

Country
Volusia

Zip
32176

Country
Volusia

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

NOELL JR, GILBERT W.
172 RIVERSIDE DR.
ORMOND BCH FL 32176

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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DUPREE, GEORGE D
197 DEER LAKE CIRCLE
ORMOND BEACH FL 32174 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Gilbert W. Noell, Jr
172 Riverside Dr.
Ormond Beach, FL 32176 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
NOELL, GILBERT W., JR.
172 RIVERSIDE DR.
ORMOND BCH FL 32176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Brad A. Disch
2043 John Anderson Dr.
Ormond Beach, FL 32176 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DISCH, BRAD A
8 TARA PLACE
ORMOND BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Brad A. Disch
2043 John Anderson Dr.
Ormond Beach, FL 32176 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AST.
ROBINSON, NANCY NOELL
4501 JUANITA WAY SOUTH
ST PETERSBURG FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
NOELL, JACQUELYN T
172 RIVERSIDE DR.
ORMOND BCH FL 32176 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
NOELL, JACQUELYN T
172 RIVERSIDE DR.
ORMOND BCH FL 32176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
NOELL, JACQUELYN T
172 RIVERSIDE DR.
ORMOND BCH FL 32176 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
NOELL, JACQUELYN T
172 RIVERSIDE DR.
ORMOND BCH FL 32176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
NOELL, JACQUELYN T
172 RIVERSIDE DR.
ORMOND BCH FL 32176 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President/Secretary-Treasurer

Date

Daytime Phone #

CR2E034 (9/99)