

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**  
 05-05-2000 90033 037 \*\*\*150.00

**DOCUMENT # S24927**

1. Entity Name

**DOUGLAS FOODS, INC.**

Principal Place of Business

915 OAK HILL CEMETARY RD.  
 ARCADIA FL 34265  
 US

Mailing Address

PO BOX 270  
 ARCADIA FL 34265-0270  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34266

4. FEI Number

50-3046644

Applied For

Not Applicable

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

DOUGLAS, JERRY L  
 3646 NE DOUGLAS TERR  
 ARCADIA FL 33821

Name

Kimberly D. Aument

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

632 W. Effie St.

City

Arcadia

FL

Zip Code

34266

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

Kimberly D. Aument  
 Jerry L. Douglas

Kimberly D. Aument

4-24-00

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** ☒ Delete  
 NAME **DOUGLAS, JERRY LEE**  
 STREET ADDRESS **3135 NE EDWARDS**  
 CITY-ST-ZIP **ARCADIA FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **DOUGLAS, JERRY L**  
 STREET ADDRESS **3646 N.E. DOUGLAS TERR**  
 CITY-ST-ZIP **ARCADIA FL 34266**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☐ Delete  
 NAME **AUMENT, KIM**  
 STREET ADDRESS **405 N. ARCADIA AVE.**  
 CITY-ST-ZIP **ARCADIA FL**

TITLE **President, Secretary, Treasurer** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **632 W. Effie St.**  
 CITY-ST-ZIP **Arcadia, FL 34266**

TITLE **VP** ☐ Delete  
 NAME **AUMENT, CRAIG**  
 STREET ADDRESS **405 N. ARCADIA AVE.**  
 CITY-ST-ZIP **ARCADIA FL**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **632 W. Effie St.**  
 CITY-ST-ZIP **Arcadia, FL 34266**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Kimberly D. Aument  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00 863-993-2100

CR2E034 (9/99)