

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S92262

1. Entity Name
21ST CENTURY FOODS NATURAL FOODS CLUB, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90103 050 ***158.75

Principal Place of Business
P.O. BOX 4183
HOMESTEAD FL 33092
US

Mailing Address
P.O. BOX 4183
HOMESTEAD FL 33092
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **65-0295296** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BAILEY, MAURA
19300 BEL AIRE DRIVE
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name **Bailey, Maura**
Street Address (P.O. Box Number is Not Acceptable)
10705 SW 216, St. - D-219
City **Gould** FL Zip Code **33070**

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 **Apr. 19, 2001**

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, 2001 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 **PT** ☒ Delete
NAME **BAILEY, MAURA**
STREET ADDRESS **19300 BEL AIRE DR**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **VS** ☒ Delete
NAME **CRAPPS, KAREN LYN**
STREET ADDRESS **19300 BELAIRE DRIVE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Bailey, Maura**
STREET ADDRESS **10705 S.W. 216, St - D-219**
CITY-ST-ZIP **Goulds FL 33170**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **CRAPPS, KAREN LYN**
STREET ADDRESS **10705 S.W. 216, St - D-219**
CITY-ST-ZIP **Goulds FL 33170**

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

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

TITLE ☐ Change ☐ Addition
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AP. 19.01 305-378-8779

CR2E034 (10/00)