

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90112 047 ****61.25

DOCUMENT # N21759

1. Entity Name

SOUTH WEST FLORIDA CHEF'S ASSOCIATION, INC.

Principal Place of Business *1026*

Mailing Address

C/O ROSEMARIE DRYGALA
 1932 PICCADILLY CIR
 CAPE CORAL FL 33991
 US

C/O ROSEMARIE DRYGALA
 1932 PICCADILLY CIR
 CAPE CORAL FL 33991-3163
 US

C0031554



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0029036

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SMITH, DELBERT W
142 SE 19TH STREET
CAPE CORAL FL 33990

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

FILE NOW:
FEÉ IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, DELBERT	
STREET ADDRESS	142 SE 19TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ELIAS, JACK	
STREET ADDRESS	1610 CORNWALLIS PARKWAY	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRYGALA, ROSEMARIE	
STREET ADDRESS	1932 PICCADILLY CIR	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	D	<input type="checkbox"/> Delete
NAME	TREUHEIT, WILLIAM	
STREET ADDRESS	17171 KNIGHT DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *ROSEMARIE DRYGALA* *Rosemarie Drygala* *2-28-00* *94-2831795*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)