

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 03, 2000 08:00 AM  
Secretary of State

DOCUMENT # 717980

1. Entity Name

AMERICAN CULINARY FEDERATION, FIRST COAST CHAPTER, INC

Principal Place of Business

Mailing Address

P.O. BOX 19976

P.O. BOX 19976

JACKSONVILLE

FL

JACKSONVILLE

FL

32246

US

32246

US

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

51-0244473

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUNDBERG DAN  
3487 WINDY HILL PLACE

JACKSONVILLE

FL

32246

US

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.)

03/03/2000

DATE

FILE NOW:  
FEE 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 VDT ☐ Delete  
NAME BURGIN HERBERT  
STREET ADDRESS 2916 EVERCHARM PL E.  
CITY-ST-ZIP JAX. FL 32257

TITLE VDT ☒ Change ☐ Addition  
NAME RICKERT MICHELLE  
STREET ADDRESS 2449 WATTLE TREE RD.  
CITY-ST-ZIP JAX. FL 32246

TITLE D ☐ Delete  
NAME CLIFTON S. HARON  
STREET ADDRESS 8426 ODEN AVE.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE DT ☒ Change ☐ Addition  
NAME COVINGTON HELEN  
STREET ADDRESS 3817 ST. JOHN'S AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE DT ☐ Delete  
NAME RIDSDALE NOEL G  
STREET ADDRESS 9349 MILL SPRINGS DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☒ Change ☐ Addition  
NAME RIDSDALE NOEL G  
STREET ADDRESS 9349 MILL SPRINGS DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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.