

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 90003 032 *****61.25

DOCUMENT # 706242

1. Entity Name

FLORIDA SCHOOL FOOD SERVICE ASSOCIATION, INC.

Principal Place of Business

**124 SALEM COURT
TALLAHASSEE FL 32301**

Mailing Address

**124 SALEM COURT
TALLAHASSEE FL 32301**

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 **59-6044207**

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

**RUDD, FRANK EXECUTOR DIRECTOR
C/O FLORIDA SCHOOL SERVICE ASSOC
124 SALEM COURT
TALLAHASSEE FL 32301**

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:
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 **T** ☒ Delete
NAME **JERO, LINDA**
STREET ADDRESS **3485 WILLIS RD**
CITY-ST-ZIP **MULBERRY FL 33860**

TITLE **T** ☐ Change ☒ Addition
NAME **Art Dunham**
STREET ADDRESS **1530 Chaker Ridge**
CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE **S** ☐ Delete
NAME **ADAMS, JUDY**
STREET ADDRESS **7720 W. OAKLAND BLVD, SUITE 204**
CITY-ST-ZIP **SUNRISE FL 33179**

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

TITLE **D** ☐ Delete
NAME **RUDD, FRANK**
STREET ADDRESS **124 SALEM CT**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE **PD** ☒ Delete
NAME **GIRARD, BEVERLY**
STREET ADDRESS **101 OLD VENICE RD.**
CITY-ST-ZIP **OSPREY FL 34229**

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

TITLE **VD** ☐ Delete
NAME **EHRHART, SUSAN**
STREET ADDRESS **445 EAST CLOWER STREET**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
NAME **Judy Nixon**
STREET ADDRESS **7720 W. Oakland Pk Blvd Ste 204**
CITY-ST-ZIP **Sunrise FL 33351**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Rudd, Executive Director 850/8781832
Date **2-27-01** Daytime Phone #

CR2E037 (10/00)