

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 22, 2001 08:00 AM****Secretary of State****DOCUMENT # 717980**

<b>1. Entity Name</b> AMERICAN CULINARY FEDERATION, FIRST COAST CHAPTER, INC			
<b>Principal Place of Business</b> P.O. BOX 19976  JACKSONVILLE FL 32246 US		<b>Mailing Address</b> P.O. BOX 19976  JACKSONVILLE FL 32246 US	
<b>2. Principal Place of Business</b> P.O. BOX 23633		<b>3. Mailing Address</b> P.O. BOX 23633	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> JACKSONVILLE FL		<b>City &amp; State</b> JACKSONVILLE FL	
<b>Zip</b> 32241	<b>Country</b> US	<b>Zip</b> 32241	<b>Country</b> US
<b>6. Name and Address of Current Registered Agent</b>		<b>4. FEI Number</b> 51-0244473	
LUNDBERG DAN 3487 WINDY HILL PLACE  JACKSONVILLE FL 32246 US		<b>Applied For</b> Not Applicable	
<b>7. Name and Address of New Registered Agent</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
<b>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.</b>			
SIGNATURE		03/22/2001	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstalling) DATE	
<b>FILE NOW:</b> <b>FEE IS \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VDT RICKERT MICHELLE 2449 WATTLE TREE RD. JAX. FL 32246 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DT COVINGTON HELEN 3817 ST. JOHN JACKSONVILLE FL 32205 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DT COVINGTON HELEN 3817 ST. JOHNS AVENUE JACKSONVILLE FL 32205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D RIDSDALE NOEL G 9349 MILL SPRINGS DRIVE JACKSONVILLE FL <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D RIDSDALE NOEL G 9349 MILL SPRINGS DRIVE JACKSONVILLE FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

Helen Covington

DT

03/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)