

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 588792

1. Entity Name

INSTITUTIONAL FOOD BROKERS OF FLORIDA, INC. ✓

**FILED**  
**Jul 11, 2000 8:00 am**  
**Secretary of State**

07-11-2000 90176 044 \*\*\*550.00

Principal Place of Business

5116 E FOWLER AVENUE  
POST OFFICE BOX 291637  
TAMPA FL 33687

Mailing Address

5116 E FOWLER AVENUE  
POST OFFICE BOX 291637  
TAMPA FL 33687

2. Principal Place of Business

12402 N. 56th St.  
Suite, Apt. #, etc.

3. Mailing Address

Post Office Box 291637  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa FL  
Zip 33617 Country USA

City & State

Tampa FL  
Zip 33687 Country USA

4. FEI Number

59-1854893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAKOCY, F. J.  
31438 SADDLE LN  
ZEPHYRHILLS 33543

7. Name and Address of New Registered Agent

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 D  
NAME RAKOCY, WANDA  
STREET ADDRESS 31438 SADDLE LN.  
CITY-ST-ZIP ZEPHYRHILLS FL ☐ Delete

TITLE PD  
NAME RAKOCY, F.J.  
STREET ADDRESS 31438 SADDLE LN  
CITY-ST-ZIP ZEPHYRHILLS FL ☐ Delete

TITLE VS  
NAME PRYBYS, GEORGE  
STREET ADDRESS 6004 PRATT STREET  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE D  
NAME WOJTKIEWICZ, BILL  
STREET ADDRESS 8759 PINE BARRON DRIVE  
CITY-ST-ZIP ORLANDO FL ☐ Delete

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 ☐ 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

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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 REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-00 813-988-9326  
Date Daytime Phone #

CR2E034 (5/00)