

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706242

1. Entity Name

FLORIDA SCHOOL FOOD SERVICE ASSOCIATION, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90010 019 ****61.25

Principal Place of Business

Mailing Address

124 SALEM COURT
TALLAHASSEE FL 32301

124 SALEM COURT
TALLAHASSEE FLA 32301-2810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

59-6044207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	JERO, LUNDA	3485 WILLIS RD	MULBERRY FL 33860	<input type="checkbox"/>
S	ZAPF, NANCY	7061 GARDEN RD	RIVERIERA BEACH FL 33404	<input checked="" type="checkbox"/>
PD	MULLINS, FRANK	1426 19TH ST	VERO BEACH FL 32960	<input checked="" type="checkbox"/>
D	RUDD, FRANK	124 SALEM CT	TALLAHASSEE FL 32301	<input type="checkbox"/>
VD	GIRARD, BEVERLY	101 OLD VENICE RD.	OSPREY FL 34229	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
S	Judy Adams	7720 W. Oakland Blvd. Ste 204	Sunrise FL 33179	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
PD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Susan Ehrhart	445 E. Clower St	Bartow FL 33830	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 REQUIRED

Frank Rudd

850 878 1832

Date

Daytime Phone #

CR2E037 (9/99)