

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 848221

1. Entity Name

THE EDUCATIONAL INSTITUTE OF THE AMERICAN CULINA

Principal Place of Business

10 SAN BARTOLLA ST SR 312  
PO BOX 3466  
ST AUGUSTINE FL 32086-5766

Mailing Address

10 SAN BARTOLLA ST SR 312  
PO BOX 3466  
ST AUGUSTINE FL 32085-3466

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 38-2172192

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

PITTARO, TERRI  
10 SAN BARTOLA DR.  
ST. AUGUSTINE FL 32085

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

TITLE PD  
NAME CULLEN, DR. NOEL  
STREET ADDRESS 10  
CITY-ST-ZIP ST

☐ Delete

TITLE TD  
NAME PA  
STREET ADDRESS 10  
CITY-ST-ZIP ST

☐ Delete

TITLE EVPD  
NAME PITTARO, TERRI  
STREET ADDRESS 10 SAN BARTOLA DR  
CITY-ST-ZIP ST AUGUSTINE FL 32086

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

FILED  
Apr 18, 2000 8:00 am  
Secretary of State

04-18-2000 90224 037 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)