

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90014 029 \*\*\*150.00

**DOCUMENT # F00000006729**

**1. Entity Name**  
**NSPIRED NATURAL FOODS, INC.**

**Principal Place of Business**  
**14855 WICKS BLVD.**  
**SAN LEANDRO CA 94577**

**Mailing Address**  
**14855 WICKS BLVD.**  
**SAN LEANDRO CA 94577**

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**  
 City & State

**Zip** **Country** **Zip** **Country**

**4. FEI Number** **93-1273484** **Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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** **P** ☒ **Delete**  
**NAME** **ZIETLI, ERIC**  
**STREET ADDRESS** **14855 WICKS BLVD**  
**CITY-ST-ZIP** **SAN LEANDRO CA 94577**

**TITLE** **S** ☒ **Delete**  
**NAME** **KAPLAN, ROBERT R**  
**STREET ADDRESS** **629 EAST MAIN STREET, SUITE 1200**  
**CITY-ST-ZIP** **RICHMOND VA 23219**

**TITLE** **TD** ☒ **Delete**  
**NAME** **TRUSLOW, EDWARD D**  
**STREET ADDRESS** **100 RING ROAD, SUITE 214**  
**CITY-ST-ZIP** **GARDEN CITY NY 11530**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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** **P** ☐ **Change** ☒ **Addition**  
**NAME** **GIL PRITCHARD**  
**STREET ADDRESS** **3486 SUNSET TERRACE**  
**CITY-ST-ZIP** **PETALUMA, CA 94954**

**TITLE** **ST** ☐ **Change** ☒ **Addition**  
**NAME** **ROBERT DEVAN**  
**STREET ADDRESS** **14855 WICKS BLVD.**  
**CITY-ST-ZIP** **SAN LEANDRO, CA 94577**

**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**

**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

**3/13/02** **510-686-0116 EXT. 11**  
 Date Daytime Phone #

CR2E034 (9/01)