

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90001 030 \*\*\*150.00

80006721



DO NOT WRITE IN THIS SPACE

**DOCUMENT # F77349**

1. Entity Name  
**GULF AND ATLANTIC FREEZER CORPORATION**

Principal Place of Business Mailing Address  
**RAFFIELD, CARL E. "GENE"**  
**P.O. BOX 309**  
**PORT ST. JOE FL 32456**

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 **59-1225281** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RAFFIELD, CARL E. "G."**  
**CANAL AND HIGHLAND VIEW**  
**PORT ST. JOE FL 32456**

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	<b>RAFFIELD, CARL E. "G."</b>	
STREET ADDRESS	<b>CANAL &amp; HIGHLAND VIEW</b>	
CITY-ST-ZIP	<b>PORT ST. JOE FL</b>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	<b>RAFFIELD, EMOGENE</b>	
STREET ADDRESS	<b>CANAL &amp; HIGHLAND VIEW</b>	
CITY-ST-ZIP	<b>PORT ST. JOE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EUGENE RAFFIELD</b>	
STREET ADDRESS	<b>CANAL DRIVE - HIGHLAND VIEW</b>	
CITY-ST-ZIP	<b>PORT ST. JOE, FLORIDA 32456</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **EUGENE RAFFIELD** 01/18/00 (850) 229-8229  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR20034 (9/99)