

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002173

1. Entity Name

INTERNATIONAL FOOD SERVICE EXECUTIVES FOUNDATION

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90209 038 ****61.25

Principal Place of Business

1100 SOUTH STATE ROAD 7
SUITE 103
MARGATE FL 33068

Mailing Address

1100 SOUTH STATE ROAD 7
SUITE 103
MARGATE FL 33068-4033

2. Principal Place of Business

3739 MYKONOS CT

Suite, Apt. #, etc.

3. Mailing Address

3739 MYKONOS CT

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

88-0235720

Applied For

Not Applicable

Zip

33487

Country

US

Zip

33487

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANLEY, EDWARD H CFE
1100 SOUTH STATE ROAD 7
SUITE 103
MARGATE FL 33068

7. Name and Address of New Registered Agent

Name

SAME

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

3739 MYKONOS CT

City

BOCA RATON

FL

Zip Code

33487

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

Edward H. Manley
Signature, typed or printed name of registered agent and title, if applicable.

EDWARD H. MANLEY

1-13-00

(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 ☐ Delete
NAME MANLEY, EDWARD H
STREET ADDRESS 1100 SOUTH STATE ROAD 7, STE. 103
CITY-ST-ZIP MARGATE FL 33068

TITLE ST ☐ Delete
NAME THOMAS, MARYELLEN
STREET ADDRESS 3329 TALLY HO
CITY-ST-ZIP MADISON WI 53705

TITLE TRUS ☒ Delete
NAME GALLO, MARY JANE
STREET ADDRESS 8513 THORNDEN TERR
CITY-ST-ZIP BETHESDA MD 20817

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SAME ☒ Change ☐ Addition
NAME
STREET ADDRESS 3739 MYKONOS CT
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TRUSTEE ☒ Change ☐ Addition
NAME DONALD MCINTOSH
STREET ADDRESS 1935 N RIVER RD. #10
CITY-ST-ZIP ST. CLAIR MI 48079-3560

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

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:

Edward H. Manley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1-13-00