

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000503

1. Entity Name

TAYLOR FRESH FOODS, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90012 020 \*\*\*150.00

Principal Place of Business

Mailing Address

360 US HWY. 27 NORTH  
SOUTH BAY FL 33493  
19

P O BOX 2119  
SALINAS CA 93902-2119

2. Principal Place of Business

7492 CHANCELLOR DRIVE

3. Mailing Address

318 CAYUGA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
ORLANDO, FL

City & State  
SALINAS, CA

4. FEI Number

93-1055159

Applied For

Not Applicable

Zip  
32809

Country  
U.S.A.

Zip  
93901

Country  
U.S.A.

5. Certificate of Status Desired ☐ 1214572

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPAMERICA, INC.  
1525 SOUTH ANDREWS AVE. SUITE 216  
FORT LAUDERDALE FL 33316

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	DP TAYLOR, BRUCE C	<input type="checkbox"/> Delete
STREET ADDRESS	8 LOS LAURELES AVE	
CITY-ST-ZIP	SALINAS CA 93901	
TITLE NAME	DV VETTER, BILL	<input type="checkbox"/> Delete
STREET ADDRESS	360 US HWY 27 N.	
CITY-ST-ZIP	SOUTH BAY FL 33493	
TITLE NAME	T BRYAN, TOM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 1649 N/A	
CITY-ST-ZIP	SALINAS FL 93902	
TITLE NAME	DS NOELL, CHARLES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 1649 N/A	
CITY-ST-ZIP	SALINAS FL 93902	
TITLE NAME	D BEASLEY, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P O BOX 1649 N/A	
CITY-ST-ZIP	SALINAS CA 93902	
TITLE NAME	D ROMANS, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	P O BOX 1649 N/A	
CITY-ST-ZIP	SALINAS CA 93902	

TITLE NAME	T/S BRYAN, THOMAS M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 1649	
CITY-ST-ZIP	SALINAS, CA 93902	
TITLE NAME	D GOCHNAUER, RICHARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 1649	
CITY-ST-ZIP	SALINAS, CA 93902	
TITLE NAME	D OLSON, GENE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 1649	
CITY-ST-ZIP	SALINAS, CA 93902	
TITLE NAME	D WAITUKAITIS, MICHAEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 1649	
CITY-ST-ZIP	SALINAS, CA 93902	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas M. Bryan, Secretary 1/10/2000

Date

(831) 754-0471

Daytime Phone #

CR2E034 (9/99)