

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006213

1. Entity Name

FRYTECH, INC.

**FILED**  
**Jun 19, 2000 8:00 am**  
**Secretary of State**

06-19-2000 90007 018 \*\*\*550.00

Principal Place of Business

5355 TOWN CENTER RD  
STE 802  
BOCA RATON FL 33486

Mailing Address

5355 TOWN CENTER RD  
STE 802  
BOCA RATON FL 33486-1069

2. Principal Place of Business

2000 Middlebury Street  
Suite, Apt. #, etc.

3. Mailing Address

2000 Middlebury Street  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Elkhart, IN

City & State

Elkhart, IN

4. FEI Number

13-2732747

Applied For

Not Applicable

Zip

46516

Country

USA

Zip

46516

Country

USA

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

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

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 ☐ Delete  
NAME DV  
LEDER, MARC J  
STREET ADDRESS 12 BERMUDA LAKE DR.  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

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

TITLE ☐ Delete  
NAME DVS  
KROUSE, RODGER R  
STREET ADDRESS 1141 SW 19TH AVE.  
CITY-ST-ZIP BOCA RATON FL 33486

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

TITLE ☐ Delete  
NAME P  
KOLLAT, ROGER  
STREET ADDRESS 2000 MIDDLEBURY ST  
CITY-ST-ZIP ELKHART IN 46516

TITLE ☒ Change ☐ Addition  
NAME C  
Kollat, Roger  
STREET ADDRESS 2000 Middlebury St  
CITY-ST-ZIP ELKHART, IN 46516

TITLE ☐ Delete  
NAME T  
CALHOUN, KEVIN  
STREET ADDRESS 5355 TOWN CENTER RD STE 802  
CITY-ST-ZIP BOCA RATON FL 33486

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

TITLE ☐ Delete  
NAME V  
GRAHAM, PATRICK F  
STREET ADDRESS 13873 PARK CENTER RD.  
CITY-ST-ZIP HERNDON VA 22071

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

TITLE ☐ Delete  
NAME D  
LEACH, HOWARD H  
STREET ADDRESS 101 CALIFORNIA ST., STE. 4310  
CITY-ST-ZIP SAN FRANCISCO CA 94111

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/00 219-295-0050  
Date Daytime Phone #

CR2000-0019