

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004066

1. Entity Name  
LE GOURMET CHEF, INC.

Principal Place of Business  
2 BRIDGE AVENUE, BUILDING 6  
RED BANK NY 07701

Mailing Address  
2 BRIDGE AVENUE, BUILDING 6  
RED BANK NY 07701

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 22-2544497

Applied For  
Not Applicable

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD  
NAME BLOOM, EDWARD J  
STREET ADDRESS 2 BRIDGE AVENUE, BUILDING 6  
CITY-ST-ZIP RED BANK NY 07701 ☐ Delete

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

TITLE CEO  
NAME BLACKBURN, JOHN W  
STREET ADDRESS 2 BRIDGE AVENUE, BUILDING 6  
CITY-ST-ZIP RED BANK NY 07701 ☐ Delete

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

TITLE ST  
NAME SCHAFER, RICHARD S  
STREET ADDRESS 2 BRIDGE AVENUE, BUILDING 6  
CITY-ST-ZIP RED BANK NY 07701 ☐ Delete

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

TITLE D  
NAME COHEN, CYNTHIA  
STREET ADDRESS 2 BRIDGE AVENUE, BUILDING 6  
CITY-ST-ZIP RED BANK NY 07701 ☐ Delete

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

TITLE D  
NAME ESPERAN, PILAR  
STREET ADDRESS 2 BRIDGE AVENUE, BUILDING 6  
CITY-ST-ZIP RED BANK NY 07701 ☐ Delete

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

TITLE D  
NAME JONES, DEREK K  
STREET ADDRESS 2 BRIDGE AVENUE, BUILDING 6  
CITY-ST-ZIP RED BANK NY 07701 ☐ Delete

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

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

RICHARD S. SCHAFER, VP, CFO

7/7/00

Date

732 530 7540

Daytime Phone #

CR2E034 (5/00)

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90216 050 \*\*\*550.00



DO NOT WRITE IN THIS SPACE