

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J57450

1. Entity Name

TRY-FOODS INTERNATIONAL, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90227 035 \*\*\*150.00

Principal Place of Business

207 SEMORAN COMM. PLACE  
SUITE 109  
APOKA FL 32703  
US

Mailing Address

P.O. BOX 2248  
APOKA FL 32704-2248

2. Principal Place of Business

207 Semoran Commerce Place  
Suite, Apt. #, etc.

3. Mailing Address

207 Semoran Commerce Place  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Apopka, FL  
Zip 32703 Country US

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Apopka, FL  
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4. FEI Number

59-2796639

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

ROZELLE, JR., HARRY W  
8052 LAUREL RIDGE DRIVE  
MOUNT DORA FL 32757

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 DV ☐ Delete  
NAME BURRELL, DONNA  
STREET ADDRESS 1785 GERTRUDE PLACE  
CITY-ST-ZIP MOUNT DORA FL 32757

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

TITLE DT ☐ Delete  
NAME MARINO, PATRICIA  
STREET ADDRESS 8052 LAUREL RIDGE DRIVE  
CITY-ST-ZIP MT. DORA FL 32757

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

TITLE DS ☐ Delete  
NAME ROZELLE, PATRICIA  
STREET ADDRESS 8052 LAUREL RIDGE DRIVE  
CITY-ST-ZIP MT. DORA FL 32757

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

TITLE PD ☐ Delete  
NAME ROZELLE, JR., HARRY W  
STREET ADDRESS 8052 LAUREL RIDGE DRIVE  
CITY-ST-ZIP MT. DORA FL 32757

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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:

*H.W. Rozelle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00  
Date

407-884 8011  
Daytime Phone #

CR2E034 (9/99)