

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000382

1. Entity Name
FOODSERVICE VENTURES, L.C.

FILED

00 JUNE 7 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
757 SOUTH NOVA ROAD
ORMOND BEACH FL 32174

Mailing Address
757 SOUTH NOVA ROAD
ORMOND BEACH FL 32174-7332



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

59-3500837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANK, LARRY
757 SOUTH NOVA ROAD
ORMOND BEACH FL 32174

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS SALES PARTNER SYSTEMS, INC.
CITY - ST - ZIP 757 SOUTH NOVA ROAD
ORMOND BEACH FL 32174

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

LARRY FRANK

4/24/00

Date

904-672-8434

Daytime Phone #

C-3250-3 (9/91)