

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002699

1. Entity Name

SCHOOL FOOD SERVICE, L.C.

Principal Place of Business

2500 NORTH FEDERAL HIGHWAY, SUITE 100
FORT LAUDERDALE FL 33305

Mailing Address

2500 NORTH FEDERAL HIGHWAY, SUITE 100
FORT LAUDERDALE FL 33305-1618

2. Principal Place of Business

3. Mailing Address

10430 W ATLANTIC BLVD
Suite, Apt. #, etc.

10430 W ATLANTIC BLVD
Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip 33071

Country BSA

Zip 33071

Country USA

4. FEI Number

65-0936345

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POZZUOLI, EDWARD J
110 S.E. 6TH STREET, 15TH FLOOR
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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 STREET ADDRESS CITY-ST-ZIP	MGR HAGE, JONATHAN K 2500 NORTH FEDERAL HIGHWAY, SUITE 100 FORT LAUDERDALE FL 33305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RYAN, SHERRY M 2500 NORTH FEDERAL HIGHWAY, SUITE 100 FORT LAUDERDALE FL 33305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RYAN, THOMAS 2500 NORTH FEDERAL HIGHWAY, SUITE 100 FORT LAUDERDALE FL 33305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2617 NE 26 AVE FORT LAUDERDALE, FL 33305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5022 NW 82 TERR CORAL SPRINGS FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5022 NW 82 TERR CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003259925-5 -05/19/00--01101--024 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-27-00

954-752-1142

CR2E083 (9/99)