

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001394

1. Entity Name

RDI FOOD SERVICE EQUIPMENT, LLC

APPROVED
AND
FILED

CO MAY -1 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

231 DOUGLAS ROAD EAST, SUITE 4
OLDSMAR FL 34677

Mailing Address

231 DOUGLAS ROAD EAST, SUITE 4
OLDSMAR FL 34677-2943

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

34-1892045

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

STANFORD, CAROL

231 DOUGLAS ROAD EAST, SUITE 4

OLDSMAR FL 34677

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
MGRM
RIZZI DISTRIBUTORS INCORPORATED
689 S. ARLINGTON STREET
AKRON OH 44306 ☐ Delete

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

TITLE
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CITY - ST - ZIP
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500003261055--7
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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:

Carol A. Hawthorne, Controller
Carol A. Hawthorne, Controller

4-27-00

330-773-9111

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

Date

Daytime Phone #

0014614 AF

CR2E083 (9/99)