

2001 UNIFORM BUSINESS REPORT (UBR)


DOCUMENT # M99000001394

1. Entity Name
RDI FOOD SERVICE EQUIPMENT, LLC

Principal Place of Business 231 DOUGLAS ROAD EAST, SUITE 4 OLDSMAR FL 34677	Mailing Address 231 DOUGLAS ROAD EAST, SUITE 4 OLDSMAR FL 34677
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED
01 SEP 10 PM 12:17
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent STANFORD, CAROL 231 DOUGLAS ROAD EAST, SUITE 4 OLDSMAR FL 34677	7. Name and Address of New Registered Agent Name Joseph R. Rizzi Street Address (P.O. Box Number is Not Acceptable) 504 S. Florida Ave. City Lapin Springs FL Zip Code 33589
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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 *Joseph R. Rizzi* DATE **9/07/01**

Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIZZI DISTRIBUTORS INCORPORATED 689 S. ARLINGTON STREET AKRON OH 44306 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Hartline* **817-01 330-773-8111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

PLEASE CHECK HERE

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CR2E083 (5/01)