

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90179 045 ****61.25

DOCUMENT # N00000002956

1. Entity Name

ICE CREAM INDUSTRY EDUCATIONAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1961 BARBER RD.
 SARASOTA FL 34240**

**P.O. BOX 19796
 SARASOTA FL 34276**

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

59-3641733

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

**EISS, DENNIS H
 4447 MEADOW CREEK CIRCLE
 SARASOTA FL 34233**

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **ROBINSON, MATTHEW**
 STREET ADDRESS **1715 PELICAN COVE RD., UNIT GL-339**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☒ Change ☐ Addition
 NAME **3915 77TH PLACE EAST**
 STREET ADDRESS **SARASOTA, FL 34243**
 CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE **VD** ☐ Delete
 NAME **STEEN, JAMES**
 STREET ADDRESS **1195 SORRENTO WOODS BLVD.**
 CITY-ST-ZIP **NOKOMIS FL 34275**

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

TITLE **STD** ☐ Delete
 NAME **EISS, DENNIS H**
 STREET ADDRESS **4447 MEADOW CREEK CIRCLE**
 CITY-ST-ZIP **SARASOTA FL 34233**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED: EISS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02
 Date

941-925-3921
 Daytime Phone #

CR2E037 (9/01)