

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000004882****1. Entity Name**  
AMERICAN CULINARY FEDERATION - GULF COAST CULINARY ASSOCIATION, INC.**Principal Place of Business**  
670 SCENIC HWY  
PENSACOLA FL 32503  
**Mailing Address**  
PO BOX 208  
PENSACOLA FL 325910208**2. Principal Place of Business**  
**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip Country Zip Country

**4. FEI Number**  
**05-2427232**Applied For  
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**CREAN JOSEPH K  
2303 W MICHIGAN AVE B-7

PENSACOLA FL 32526 US

**7. Name and Address of New Registered Agent**Name  
SILIVOS GUS PStreet Address (P.O. Box Number is Not Acceptable)  
670 SCENIC HIGHWAY

City PENSACOLA FL Zip Code 32503

**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 GUS P. SILIVOS****05/01/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	PEACH DENNIS	4705 AUTUMNDALE DR	PACE FL 32571	<input type="checkbox"/>
STD	CASE CHARLES WJR	1400 POPPY AVE	PENSACOLA FL 32507	<input type="checkbox"/>
VD	LUCIER ALPHONSE FIV	17 PALAO RD	PENSACOLA FL 32507	<input type="checkbox"/>
PD	CREAN JOSEPH K	2303 W MICHIGAN AVE, APT B-7	PENSACOLA FL 32526	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
STD	PARKER BRADLEY R	1070 BAYSHORE ROAD #E	GULF BREEZE FL 32561	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
PD	CREAN JOSEPH K	P. O. BOX 37651	PENSACOLA FL 32526	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: JOSEPH K. CREAN**

PD

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)