## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000004882

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PACE, FL 32571

() Delete

FILED May 30, 2002 8:00 AM Secretary of State

Entity Name: AMERICAN CULINARY FEDERATION - GULF COAST CULINARY ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 670 SCENIC HWY PENSACOLA, FL 32503 **Current Mailing Address: New Mailing Address:** PO BOX 208 PENSACOLA, FL 325910208 FEI Number: 05-2427232 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SILIVOS, GUS P 670 SCENIC HIGHWAY PENSACOLA, FL 32503 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete CREAN, JOSEPH K LUCIER, ALPHONSE F IV Name: Name: P. O. BOX 37651 Address: 17 PALAO ROAD Address: City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: PENSACOLA, FL 32507 Title: VD () Delete Title: (X) Change ( ) Addition LUCIER, ALPHONSE F IV Name: HAMILTON, WILLIAM E Name: Address: 17 PALAO RD Address: 648 ASHFORD ROAD City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: CANTONMENT, FL 32533 Title: STD () Delete Title: SD (X) Change ( ) Addition PARKER, BRADLEY R PARKER, BRADLEY R Name: Name: Address: 1070 BAYSHORE ROAD #E Address: 4418 CRESTMONT COURT City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: GULF BREEZE, FL 32561 Title: ( ) Delete Title: TD (X) Change ( ) Addition Name: PEACH, DENNIS Name: SILIVOS, GUS P 670 SCENIC HIGHWAY Address: 4705 AUTUMNDALE DR Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PENSACOLA, FL 32503

10 SAN BARTOLA DRIVE

SAINT AUGUSTINE, FL 32086

CREAN, JOSEPH K

( ) Change (X) Addition

SIGNATURE: JOSEPH K. CREAN D 05/30/2002