

2001 UNIFORM BUSINESS REPORT (UBR)

4/26

FILED
May 17, 2001 8:00 am
Secretary of State

04-26-2001 90116 021 ****70.00

DOCUMENT # N00000006428

1. Entity Name

FOOD FOR EVER, INC.

Principal Place of Business

P O BOX 105
 LACROSSE FL 32658

Mailing Address

P O BOX 105
 LACROSSE FL 32658

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59 3670122

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ALLARD, GREG
 23817 NW 152 TERR
 ALACHUA FL 32615**

7. Name and Address of New Registered Agent

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D GREG ALLARD
STREET ADDRESS	P O BOX 748/23817 NW 52 Terr, Alachua, FL 32615
CITY-ST-ZIP	ALACHUA, FL 32616
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T GLAUCIA LIMA
STREET ADDRESS	P O BOX 436/23817 NW 52 Terr, Alachua, FL 32615
CITY-ST-ZIP	ALACHUA, FL 32616
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA DUARTE
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T SECRETARY MARIA DUARTE
STREET ADDRESS	13605 NW CR 235, APT 1006
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Gregory C Allard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Greg Allard

4-23-01

904 418-4247

Date

Daytime Phone #

CR2E037 (10/00)