

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2003 8:00 am
Secretary of State

5/5

05-05-2003 90203 030 ****61.25

DOCUMENT # NO2000004196

1. Entity Name

FLORIDA ALLIANCE FOR SAFE FOODS, INC.



Principal Place of Business

**2303 YORK DRIVE
SARASOTA FL 34238**

Mailing Address

**PO BOX 21511
SARASOTA FL 34278**

55049621

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOEHK, JASON A
2303 YORK DRIVE
SARASOTA FL 34238**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	V	NAME	STEFAN, TONY "T"	<input type="checkbox"/> Delete
STREET ADDRESS	2325 ADMIRAL WAY			
CITY-ST-ZIP	SARASOTA FL 34231			
TITLE	V	NAME	KIRK, KATHY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	308 MYRTLE AVE.			
CITY-ST-ZIP	NOKOMIS FL 34275			
TITLE	P	NAME	BOEHK, JASON A "D"	<input type="checkbox"/> Delete
STREET ADDRESS	2303 YORK DRIVE			
CITY-ST-ZIP	SARASOTA FL 34238			
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	V	NAME	Axford, Jeanette "T"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	633 Avenida De Mayo			
CITY-ST-ZIP	SARASOTA FL 34242			
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 **BOEHK, JASON A**

Date

5/1/03 (941) 921-3330

Daytime Phone

CR2E037 (10/02)