2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # May 10, 2000 8:00 am 1. Entity Name Secretary of State American Culinary Federation of St. Augusting 05-10-2000 90180 018 ****61.25 Principal Place of Business Mailing Address 1025 Dightingale 1025 Nightinger Ed Tax, Fla. 80089211 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. , Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent David S. Berrl Street Address (P.O. Box Number is Not Acceptable) 1025 Nightingale Rd Taxi; Fla. 32216 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. FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5:00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ☐ Addition President Delete TITLE TITLE Davids Bear NAME NAME 1025 Nightingale Rol STREET ADDRESS STREET ADDRESS Jax Fla CITY-ST-ZIP CITY-ST-ZIP PPGIEN KNIGHT Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 437 S. Houseshoe Rd STREET ADDRESS STREET ADDRESS ST. Augustine, Fla: 32095 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition (S-)-ANTHONY-LOWKED Delete TITLE NAME 3528 Laurel Grove Dorth STREET ADDRESS STREET ADDRESS Yax, Fla 37225 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete Wayne Colley 4083 SANDRAM Rd NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jax., Fly. 32257 Wolaw, Terry 615 Sergovia Zd Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 5T. Aug. Fla. 32095 CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete 1 TITLE .-TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #

SIGNATURE