

01-03
**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUN 23 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N31045*

1. Entity Name



*The American Culinary Federation of St. Augustine
St. Augustine Cooks and Crafts Association INC.*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PCTI

3. Mailing Address

2950 Collins Ave

Suite, Apt. #, etc.

Culinary Arts Dept

Suite, Apt. #, etc.

Culinary Arts Dept

City & State

St. Augustine FL

City & State

St. Augustine, FL

Zip

32084

Country

USA

Zip

32084

Country

USA

4. FEI Number

59-3019021

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

500021175835
06/27/03--01049--007 **183.75

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Matthew Sinow

Street Address (P.O. Box Number is Not Acceptable)

2063 SARA LYNN

City

St. Augustine

FL

Zip Code

32084

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

Matthew Sinow

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

Matthew Sinow

(NOTE: Registered Agent signature required when reinstating)

5/1/03

DATE

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*President
Matt Sinow
2063 SARA LYNN DR
St. Augustine, FL*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Treasurer
David Beal
5488 5th ST
St. Augustine, FL 32080*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

Matthew Sinow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-03

Date

904929-1067

Daytime Phone #

CR2E037B (12/02)

p 6/23