

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31693

1. Entity Name

NORTH FLORIDA FROZEN FOOD ASSOCIATION, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90007 030 *****70.00

Principal Place of Business

P.O. BOX 43667
JACKSONVILLE FL 32203-0667

Mailing Address

P.O. BOX 43667
JACKSONVILLE FL 32203-0667

2. Principal Place of Business

521 W. HILLSBOROUGH AVE
Suite, Apt. #, etc.

3. Mailing Address

521 W. HILLSBOROUGH AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FLORAHOME, FL

City & State

FLORAHOME, FL

4. FEI Number

59-2997740

Applied For

Not Applicable

Zip

32140

Country

USA

Zip

32140

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIKE, RONALD L
340 CORPORATE WAY SUITE
STE 300
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name: RONALD J. PEACOCK
Street Address (P.O. Box Number is Not Acceptable): 521 W. HILLSBOROUGH AVE
City: FLORAHOME, FL FL Zip Code: 32140

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

Ronald J. Peacock
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 NAME STREET ADDRESS CITY-ST-ZIP	CBD GRONZIK, WM. B 6621 SOUTHPOINT DR., N #315 JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AGRILLA, SAM 340 CORPORATE WAY, STE 300 ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIKE, RONALD 340 CORPORATE WAY, STE 300 ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 5644 DOOLITTLE ROAD JACKSONVILLE, FL 32254	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBD 5644 DOOLITTLE ROAD JACKSONVILLE, FL 32254	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TERI D. AMTHOR 6630 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SAM AGRILLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

Date

904-786-3131

Daytime Phone #

CR2E037 (10/00)