

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31693

1. Entity Name

NORTH FLORIDA FROZEN FOOD ASSOCIATION, INC.

FILED

Feb 18, 2002 8:00 am  
Secretary of State

02-18-2002 90159 006 \*\*\*\*70.00

Principal Place of Business

Mailing Address

521 W HILLSBOROUGH AVE  
FLORAHOME FL 32140

521 W HILLSBOROUGH AVE  
FLORAHOME FL 32140

BU027346



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2997740

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEACOCK, RONALD J  
521 W HILLSBOROUGH AVE  
FLORAHOME FL 32140

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
AMTHOR, TERI D  
6630 SOUTHPOINT OAKWAY  
JACKSONVILLE FL 32216

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AMTHOR TERI D

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
AGRILLA, SAM  
5644 DOOLITTLE ROAD  
JACKSONVILLE FL 32254

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CBD  
PIKE, RONALD  
5644 DOOLITTLE ROAD  
JACKSONVILLE FL 32254

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GIBSON PAULA  
13925 SPOONBILL STREET NORTH  
JACKSONVILLE, FL 32224

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

RONALD J. PEACOCK, EXEC DIRECTOR

Ronald J. Peacock

Date

Daytime Phone #

2-2-02 386-6571

1371

CR2E037 (9/01)