

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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91066 018 \*\*\*\*70.00

**DOCUMENT # N31693**

1. Entity Name

**NORTH FLORIDA FROZEN AND REFRIGERATED FOOD ASSOCIATION, INC.**



Principal Place of Business

**521 W HILLSBOROUGH AVE  
FLORAHOME FL 32140**

Mailing Address

**521 W HILLSBOROUGH AVE  
FLORAHOME FL 32140**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2997740**

Applied For

Not Applicable

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

SIGNATURE

**RONALD J. PEACOCK**

*Ronald J. Peacock EXEC DIR*

**3-14-03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **TREASURER/DIRECTOR** ☐ Change ☒ Addition  
NAME **SIMS, DONNA**  
STREET ADDRESS **7042 CYPRESS BRIDGE DR, SO**  
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

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

TITLE **PD** ☐ Change ☒ Addition  
NAME **SEARS, LINDY**  
STREET ADDRESS **5300 W. CYPRESS ST. STE #170**  
CITY-ST-ZIP **TAMPA, FL 33607**

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

TITLE **VPO** ☐ Change ☒ Addition  
NAME **INGRAM, DENNIS**  
STREET ADDRESS **1520 EDGEWOOD AVE. N.**  
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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: **RONALD J. PEACOCK EXEC DIR** *Ronald J. Peacock* **3-14-03 386-659-1571**

CR2E037 (10/02)