# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33535 (8)

1. Corporation Name

AMERICAN CULINARY FEDERATION, TAMPA BAY CHEFS AN D COOKS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O MALCOLM H. LESLIE<br>P. O. BOX 15891<br>TAMPA FL 33684<br>US | C/O MALCOLM H. LESLIE<br>P. O. BOX 15891<br>TAMPA FL 33684<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1989
3a. Date of Last Report: 07/19/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☑ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| LESLIE, MALCOLM M<br>1446 HILLCREST AVE., S.<br>[redacted]<br>CLEARWATER FL 34616 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | LESLIE, MALCOLM M | 1.2 NAME | |
| STREET ADDRESS | 1446 HILLCREST AVE., S. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 1.4 CITY-ST-ZIP | |
| TITLE | DS | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | LUCARDIE, FREDERIK J | 2.2 NAME | |
| STREET ADDRESS | 3603 S. MACDILL AVE. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 2.4 CITY-ST-ZIP | |
| TITLE | VP | 3.1 TITLE | ☒ Change ☐ Addition |
| NAME | THIBERT, LEROY | 3.2 NAME | VP |
| STREET ADDRESS | 1615 MARKS DR | 3.3 STREET ADDRESS | Ronald Dohn |
| CITY-ST-ZIP | TAMPA FL | 3.4 CITY-ST-ZIP | 1420 Thistledown Drive<br>Brandon, FL 33510 |
| TITLE | T | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | BENTON, RAY | 4.2 NAME | |
| STREET ADDRESS | 8849 EASTHAVEN CT. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW PT. RICHEY FL | 4.4 CITY-ST-ZIP | |
| TITLE | VPD | 5.1 TITLE | ☒ Change ☐ Addition |
| NAME | WILILAMS, JEFF | 5.2 NAME | VP |
| STREET ADDRESS | 1702 PAR TWO PLACE | 5.3 STREET ADDRESS | Eric Weinstein |
| CITY-ST-ZIP | TAMPA FL | 5.4 CITY-ST-ZIP | 3909 West San Juan<br>Tampa, FL 33629 |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Malcolm H. Leslie C.E.O. MALCOLM LESLIE 8/13 824-6734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0065177