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Feb 24, 1999 8:00 am  
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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N33535**

1. Corporation Name

**AMERICAN CULINARY FEDERATION, TAMPA BAY CHEFS AND COOKS ASSOCIATION, INC.**

Principal Place of Business

PO BOX 15891  
TAMPA FL 33684  
US

Mailing Address

PO BOX 15891  
TAMPA FL 33684  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**08/03/1989**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☒ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AFFLIXIO, STEVE M  
9208 WOODBAY DRIVE  
TAMPA FL 33626**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

**01/05/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **AFFLIXIO, STEVE**  
STREET ADDRESS **9208 WOODBAY DRIVE**  
CITY-ST-ZIP **TAMPA FL 33626**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE  
NAME **LUCARDIE, FREDERIK J**  
STREET ADDRESS **3603 S. MACDILL AVE**  
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE  
NAME **TINGLER, SHELLEY**  
STREET ADDRESS **1515 SOUTH WESTSHORE BOULEVARD**  
CITY-ST-ZIP **TAMPA FL 33629**

3.1 TITLE **VP** ☒ Change ☐ Addition  
3.2 NAME **Joseph Filtranti**  
3.3 STREET ADDRESS **742 Via Bianca Drive**  
3.4 CITY-ST-ZIP **Davenport, Florida 33837**

TITLE **TD** ☐ DELETE  
NAME **BENTON, RAY**  
STREET ADDRESS **8849 EASTHAVEN CT.**  
CITY-ST-ZIP **NEW PT. RICHEY FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE  
NAME **WEINSTEIN, ERIC**  
STREET ADDRESS **4009 WEST LEONA**  
CITY-ST-ZIP **TAMPA FL 33629**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**01/05/99**

**813-832-4318**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)