

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90100 050 \*\*\*\*61.25

**DOCUMENT #** N33535  
**1. Entity Name**  
 American Culinary Federation Tampa Bay  
 Culinary Association, Inc.

**Principal Place of Business**      **Mailing Address**  
 3603 South MacDill Avenue  
 Tampa, Florida  
 33629-8907

**2. Principal Place of Business**      **3. Mailing Address**  
 same      same

**Suite, Apt. #, etc.**      **Suite, Apt. #, etc.**

**City & State**      **City & State**

**Zip**      **Country**      **Zip**      **Country**  
 USA

**4. FEI Number**      **Applied For**  
 Not Applicable      Not Applicable

**5. Certificate of Status Desired**      **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Stephen M. Afflixio, CEC  
 9208 Woodbay Drive  
 Tampa, Florida 33626

**7. Name and Address of New Registered Agent**  
 Name: Frederik J. Lucardie, CEC, AAC  
 Street Address (P.O. Box Number is Not Acceptable): 3603 South MacDill Avenue  
 City: Tampa      **FL**      Zip Code: 33629-8907

**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** *Frederik J. Lucardie*      **05/01/00**  
 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**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board <input checked="" type="checkbox"/> Delete George J. Pastor, CEC, CCE, AAC 11722 Spanish Lake Drive Tampa, 33635
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Stephen M. Afflixio, CEC 9208 Woodbay Drive, Tampa 33626
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President Frederik J. Lucardie, CEC, AAC 3603 South MacDill Avenue, Tampa 33629
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice President Ray A. Benton, CCE 8849 Easthaven Court New Port Richey, FL 34655
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary Joseph A. Rooksberry, CEC 7304 Canal Boulevard, Tampa 33615
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasuer Eric J. Weinstein, CEC 4009 West Leona, Tampa 33629
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sgt. at Arms Joseph L. Filtranti, CEC 742 Via Bianca, Davenport 33837

**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:** *Frederik J. Lucardie*      **05/01/00**      **813-832-4318**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)