

2001 UNIFORM BUSINESS REPORT (UBR)

2/28

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-28-2001 90048 015 ****61.25

DOCUMENT # N33535

1. Entity Name

AMERICAN CULINARY FEDERATION TAMPA BAY CULINARY

Principal Place of Business

**3603 SOUTH MACDILL AVENUE
TAMPA FL 33629
US**

Mailing Address

**3603 SOUTH MACDILL AVENUE
TAMPA FL 33629
US**

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

NOT APPLICABLE

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

**LUCARDIE, FREDERIK J
3603 SOUTH MACDILL AVENUE
TAMPA FL 33629**

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	PO	<input type="checkbox"/> Delete
NAME	AFFLIXIO, STEVE	
STREET ADDRESS	9208 WOODBAY DRIVE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LUCARDIE, FREDERIK J	
STREET ADDRESS	3603 S. MACDILL AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FILTRANTI, JOSPEH	
STREET ADDRESS	742 VIA BIANCA DR.	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BENTON, RAY	
STREET ADDRESS	8849 EASTHAVEN CT.	
CITY-ST-ZIP	NEW PT. RICHEY FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WEINSTEIN, ERIC	
STREET ADDRESS	4009 WEST LEONA	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Afflixio, Stephen M.	
STREET ADDRESS	9208 Woodbay Drive	
CITY-ST-ZIP	Tampa, FL 33626	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lucardie, Frederik J.	
STREET ADDRESS	3603 South MacDill Avenue	
CITY-ST-ZIP	Tampa, FL 33629-8907	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benton, Ray A.	
STREET ADDRESS	8849 Easthaven Court	
CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weinstein, Eric J.	
STREET ADDRESS	4009 West Leona Street	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rooksberry, Joseph A.	
STREET ADDRESS	7304 Canal Boulevard	
CITY-ST-ZIP	Tampa, FL 33615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/01

Date

813-832-4318

Daytime Phone #

CR2E037 (10/00)