

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33535

1. Entity Name

AMERICAN CULINARY FEDERATION TAMPA BAY CULINARY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3603 SOUTH MACDILL AVENUE  
TAMPA FL 33629

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

XXX

\$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	CD	<input type="checkbox"/> Delete
NAME	AFFLIXIO, STEVE	
STREET ADDRESS	9208 WOODBAY DRIVE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LUCARDIE, FREDERIK J	
STREET ADDRESS	3603 S. MACDILL AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BENTON, RAY A	
STREET ADDRESS	8849 EASTHAVEN COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WEINSTEIN, ERIC J	
STREET ADDRESS	4009 WEST LEONA STREET	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROOKSBERRY, JOSEPH A	
STREET ADDRESS	7304 CANAL BLVD.	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33629-8907 (zip code)	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice President	
STREET ADDRESS	Filtranti, Joseph L	
CITY-ST-ZIP	742 Via Bianca Drive	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer	
STREET ADDRESS	Henning, Paul J	
CITY-ST-ZIP	1535 Thistledown Drive	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	Sabo, Michael J	
CITY-ST-ZIP	13500 Rodgers Avenue, #1104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Largo, FL 33771-4956	

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, President*

02/15/02

813-832-4318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 02, 2002 8:00 am  
Secretary of State

04-02-2002 90853 001 \*\*\*\*\*8.75  
04-02-2002 90853 002 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)