

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90077 043 ****70.00

DOCUMENT # N33535

1. Entity Name

**AMERICAN CULINARY FEDERATION TAMPA BAY CULINARY
ASSOCIATION, INC.**



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 **XX** **\$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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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 33629-8907	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FILTRANTI, JOSPEH L	
STREET ADDRESS	742 VIA BIANCA DRIVE	
CITY-ST-ZIP	DAVENPORT FL 33896-6559	
TITLE	T	<input type="checkbox"/> Delete
NAME	HENNING, PAUL J	
STREET ADDRESS	1535 THISTLEDOWN DRIVE	
CITY-ST-ZIP	BRANDON FL 33510-2069	
TITLE	S	<input type="checkbox"/> Delete
NAME	SABO, MICHAEL J	
STREET ADDRESS	13500 RODGERS AVENUE #1104	
CITY-ST-ZIP	LARGO FL 33771-4956	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(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)

01/06/03

813-975-5031

CR2E037 (10/02)