

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90111 017 ****61.25

DOCUMENT # N39335

1. Entity Name

SPACE COAST CHAPTER OF THE AMERICAN CULINARY FED

(Handwritten mark)

Principal Place of Business

1941 TRAIL PINE RD.
 MELBOURNE FL 32935
 US

Mailing Address

P O BOX 410186
 MELBOURNE FL 32941

2. Principal Place of Business

3570 Weber Rd.
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

VALKARIA, FL

City & State

VALKARIA, FL

4. FEI Number

59-3017843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PIASECKI, PAMELA
 2582 CARMEL ROAD
 INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

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

TITLE DP
 NAME BLACK, MICHAEL K ☐ Delete
 STREET ADDRESS 1941 TALL PINE ROAD
 CITY-ST-ZIP MELBOURNE FL 32935

TITLE DV
 NAME CRANISKY, PATRICE ☐ Delete
 STREET ADDRESS 2207 MAC FARLAND DRIVE
 CITY-ST-ZIP COCOA FL 32922-7032

TITLE 2DV
 NAME DUBREUIL, GUY ☒ Delete
 STREET ADDRESS 356 MALABAR RD.
 CITY-ST-ZIP PALM BAY FL

TITLE DT
 NAME PIASECKI, PAMELA ☐ Delete
 STREET ADDRESS 2582 CARMEL ROAD
 CITY-ST-ZIP INDIALANTIC FL 32903

TITLE CB
 NAME PEACH, JOHN ☐ Delete
 STREET ADDRESS 209 E. CARTIER AVENUE
 CITY-ST-ZIP MELBOURNE FL 32901

TITLE 2DV
 NAME HOUSE, RAY ☒ Delete
 STREET ADDRESS 5125 AREKA PALM STREET
 CITY-ST-ZIP COCOA FL 32926

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Change ☐ Addition
 NAME ~~DALE E.~~ HEFFNER, DALE E.
 STREET ADDRESS 3570 WEBER RD.
 CITY-ST-ZIP VALARIA, FL. 32950

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE CB ☒ Change ☐ Addition
 NAME BLACK, MICHAEL K
 STREET ADDRESS 209 E. CARTIER AVE
 CITY-ST-ZIP MELBOURNE, FL 32935

TITLE ☐ Change ☐ 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

(Handwritten signature)

CR2E037 (10/00)