

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45721

1. Entity Name

NATIONAL HOT PEPPER ASSOCIATION, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90083 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

400 N.W. 20TH STREET  
WILTON MANORS FL 33311

400 N.W. 20TH STREET  
WILTON MANORS FL 33311-3818

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0296948

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RUMIN, EDWARD R.  
2720 E OAKLAND PARK BLVD  
STE #106  
FT LAUDERDALE FL 33306

Name

DAVID A. BLADE, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

1180 S. POWERLINE RD

City

FT. LAUDERDALE

FL

Zip Code

33311

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 D ☐ Delete  
NAME PAYTON, ELIZABETH D.  
STREET ADDRESS 400 N.W. 20TH STREET  
CITY-ST-ZIP WILTON MANORS FL

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

TITLE D ☐ Delete  
NAME PAYTON, ROBERT J.  
STREET ADDRESS 400 N.W. 20TH STREET  
CITY-ST-ZIP WILTON MANORS FL

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

TITLE D ☐ Delete  
NAME MILLINOR, PEGGY  
STREET ADDRESS 1777 BENNINGFIELD DR SW  
CITY-ST-ZIP MARIETTA GA

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

TITLE D ☐ Delete  
NAME GOLDBERG, BARNEY  
STREET ADDRESS 2331 NE 34TH CT  
CITY-ST-ZIP LIGHTHOUSE POINT FL

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

TITLE D ☐ Delete  
NAME WRIGHT, ROBERT C.  
STREET ADDRESS 3181 NE 3RD AVE  
CITY-ST-ZIP OAKLAND PARK FL

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

TITLE D ☐ Delete  
NAME HOPLEY, PAULINE  
STREET ADDRESS 66 FALBY CT APT 711  
CITY-ST-ZIP AJAX CA

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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/00

954 565-4972

CR2E037 (9/99)