## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N48000

FILED Sep 15, 2002 Secretary of State

Entity Name: BAY AREA FOOD COOPERATIVES, INC.

Current F	Principal Place	of Busin	ess:	New Prince	cipal Place	of Business:	
123 88TH TREASUF	AVE. RE ISLAND, FL	. 33706					
Current N	/lailing Addre	ss:		New Mail	ing Address	s:	
123 88TH TREASUF	AVE. RE ISLAND, FL	. 33706					
FEI Number	r: 59-3112116	FEI Num	per Applied For ( )	FEI Number Not App	licable ( )	Certificate of	Status Desired ( )
Name and	d Address of (	Current Ro	gistered Agent:	Name and	l Address o	f New Registe	red Agent:
HORAK, H 123 88TH							
TREASUF	RE ISLAND, FL		US				
TREASUF	RE ISLAND, FL			purpose of changing	its registered	d office or regis	tered agent, or botl
TREASUF	RE ISLAND, FL e named entity e of Florida.			purpose of changing	its registered	d office or regis	tered agent, or botl
TREASUF The above in the Stat	RE ISLAND, FL e named entity e of Florida. RE:	submits th			its registered	d office or regis	
TREASUF The above In the Stat	RE ISLAND, FL e named entity e of Florida. RE:	submits th	s statement for the	gent		Date	
TREASUF The above in the Stat SIGNATU  OFFICER Title: Name: Address:	e named entity e of Florida.  RE: Electro	submits the nic Signatus STORS:  ) Delete	s statement for the	gent		Date	RS AND DIRECTO
TREASUF The above In the Stat	e named entity e of Florida.  RE:  Electroi  S AND DIRECTOR  PD ( HORAK, HEIDI 123 88TH AVE TREASURE IS	submits the nic Signatus STORS:  ) Delete LAND, FL ) Delete ROSALIE BUVD.	s statement for the	gent  ADDITION  Title: Name: Address:	STD BROWNLEY 125 85TH A	Date  ES TO OFFICE  ( ) Change ( ) Ac  (X) Change ( ) Ac  (, ROSALIE  VE	e RS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEIDI HORAK PD 09/15/2002