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

DOCUMENT # **N48000**

Entity Name

BAY AREA FOOD COOPERATIVES, INC.



FILED May 14, 2003 8:00 am Secretary of State

05-14-2003 90145 001 ****61.25

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123 88TH AVE. 123 8			alling Address 88TH AVE. ASURE ISLAND FL 33706				II (41) 18 (18() 88) 9 8()	IDIE DIOSI BIBIL DIN	US OLOM IROI	
2. Principal Place of Business 3. Ma				ailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State			4. FEI Number 59-3112116 Applied For Not Applicable			
Zip	Zip Country			ip Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current	l Register	ed Agent	<u>. </u>		7. Name and Address of New Registered Agent			
W. Harris allo Monisso el Salifette Indianel en Salifette						Name				
HORAK, HEIDI 123 88TH AVE.					-	Street Address	(P.O. Box Number is N	ot Acceptable)		
TREASURE ISLAND FL 33706										
						City		F	L Zip Cod	е
8. The above	named entity	submits this statement f	or the pure	oose of changing its	registered	office or registe	ered agent, or both, in t	he State of Florida. I ar	n familiar with,	and accept
	tions of regist		. ,		Ů	Ū				·
SIGNATURE	• •	,								
STORY OF THE		or printed name of registered agen	t and title if ap	plicable. (NOTE	E: Registered	Agent signature require	ed 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 DI	RECTORS	<u> </u>	11.		ADDITIONS/CHANGE	S TO OFFICERS AND I	DIRECTORS IN	J 10
TITLE	PD	····	******	☐ Delete	TITLE				☐ Change	Addition
NAME	Horak, H				NAME					
STREET ADDRESS	123 88TH					ADDRESS				
CITY-ST-ZIP		ISLAND FL		·	CITY-S	IT-ZIP	·			
TITLE	STD			☐ Delete	TITLE				☐ Change	Addition
NAME		Y, ROSALIE			NAME					
STREET ADDRESS CITY-ST-ZIP	125 85TH				CITY-S	ADDRESS				
	INEASURE	ISLAND FL				11-ZIF		· company of the second		[7] Audiosa
TITLE NAME	· -	PRISCILLA		☐ Delete	NAME				☐ Change	☐ Addition
STREET ADDRESS		NNEDY BLVD.				ADDRESS				
CITY-ST-ZIP	TAMPA FL				CITY-S					
TITLE	17 1177 1 2			☐ Delete	TITLE	- -	<u></u>		☐ Change	Addition
NAME	}			L Delete	NAME	j			onlange	
STREET ADDRESS					STREET	ADORESS				
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STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	ļ	·			CITY-S	1-ZIP				
TITLE				Delete	TITLE				☐ Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP					CITY-S)
OTT - OT - ZII	L	 					Section 119 07/3/i) Flor			

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:

MAJUNE BEQUIRED

5/1/03

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