

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49646

1. Entity Name

GOOD SAMARITAN FOOD PROGRAM, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90002 014 ****70.00

Principal Place of Business

1030 W. KALEY STREET
ORLANDO FL 32805
US

Mailing Address

P.O. BOX 568606
ORLANDO FL 32856-8606
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

59-3135193

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

APPLEBY, JERRY L.
5430 KENYON RD.
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

MASON, ALEXANDER M

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

4617 COURTNEY LEE CT.

City

ORLANDO

FL

Zip Code

32812

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

Alexander M. Mason III

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/6/2000

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 PD
NAME APPLEBY, JERRY L.
STREET ADDRESS 5430 KENYON RD.
CITY-ST-ZIP ORLANDO FL 32810 ☒ Delete

TITLE VD
NAME HEIDLER, DON
STREET ADDRESS 1328 HAMPSHIRE PL. CIR
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE MD
NAME REED, DARRON M
STREET ADDRESS 1025 KALEY AVE.
CITY-ST-ZIP ORLANDO FL 32805 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MASON, ALEX M.
STREET ADDRESS 4617 Courtney Lee Ct.
CITY-ST-ZIP Orlando, FL 32812 ☐ Change ☒ Addition

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

TITLE MD
NAME Koi, Kim
STREET ADDRESS
CITY-ST-ZIP Orlando, FL 32805 ☐ Change ☒ Addition

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

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:

Alexander M. Mason III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-2000

Date

(407) 246-0067

Daytime Phone #

CR2E037 (9/99)