

2000 UNIFORM BUSINESS REPORT (UBR)

4/10/00 10:00 AM

DOCUMENT # N99000002386

1. Entity Name

AMERICAN CULINARY FEDERATION-NATIONAL CHAPTER, Inc

FILED
May 09, 2000 8:00 am
Secretary of State

04-18-2000 90138 007 ****61.25

Principal Place of Business

Mailing Address

10 SAN BARTOLA
ST. AUGUSTINE FL 32086

POST OFFICE BOX 3466
ST. AUGUSTINE FL 32085-3466

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

Applied For

☒ Applied For

☐ Not Applicable

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

PITTARO, TERRI L
10 SAN BARTOLA
ST. AUGUSTINE FL 32086

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	President	<input type="checkbox"/> Delete
NAME	L. Timothy Ryan, CMC, AAC	
STREET ADDRESS	10 San Bartola Dr	
CITY-ST-ZIP	St Aug, FL 32086	
TITLE	V. President	<input type="checkbox"/> Delete
NAME	Reinhold Pitz, CEC, CCE, AAC	
STREET ADDRESS	10 San Bartola Dr	
CITY-ST-ZIP	St Aug, FL 32086	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	John Kinsella, CMC, CCE, AAC	
STREET ADDRESS	10 San Bartola Dr	
CITY-ST-ZIP	St Aug, FL 32086	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	George Pastor, Ed. D, CEC, CCE, AAC	
STREET ADDRESS	10 San Bartola Dr	
CITY-ST-ZIP	St Aug, FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: TERRI L PITTARO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

904 824 446 x

Daytime Phone #

CR2E037 (9/99)