

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90177 004 \*\*\*150.00

0113102 AV

**DOCUMENT # P01000081070**

**1. Entity Name**  
**AFRICAN HOME CLASSICS, INC.**



**Principal Place of Business**  
**8032 GOLDEN GLEN COURT**  
**ORLANDO FL 32819**

**Mailing Address**  
**8032 GOLDEN GLEN COURT**  
**ORLANDO FL 32819**

**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** **59-3745620**

Applied For -  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**DRAVES, DONNA L**  
**120 E. CONCORD STREET**  
**ORLANDO FL 32801**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.**

**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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **O'TOOLE, KEVIN**  
**STREET ADDRESS** **1016 NEWFOUNDLAND HARBOR DRIVE**  
**CITY-ST-ZIP** **MERRITT ISLAND FL 32952**

**TITLE** **D** ☐ Delete  
**NAME** **BYERLY, PATRICE O**  
**STREET ADDRESS** **8032 GOLDEN GLEN COURT**  
**CITY-ST-ZIP** **ORLANDO FL 32819**

**TITLE** **D** ☐ Delete  
**NAME** **FEBBO, BRIAN A**  
**STREET ADDRESS** **333 NORTH ATLANTIC AVE., #102**  
**CITY-ST-ZIP** **COCOA BEACH FL 32931**

**TITLE** **D** ☐ Delete  
**NAME** **RISLEY, RICHARD L**  
**STREET ADDRESS** **7235 KAYLOR AVENUE**  
**CITY-ST-ZIP** **PORT ST. LUCIE FL 32927**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**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**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **PORT ST. JOHN, FL 32927**  
**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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**PATRICE O. BYERLY 4/22/03 407-248-1201**

Date

Daytime Phone #

CR2E034 (10/02)