

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077409

1. Entity Name

ORLANDO SPECIALITY FOODS, INC.

FILED

May 12, 2000 8:00 am  
Secretary of State

05-12-2000 90038 033 \*\*\*150.00

Principal Place of Business

Mailing Address

5275 RED BUG LAKE RD #109  
WINTER SPRINGS FL 32708  
US

5275 RED BUG LAKE RD #109  
WINTER SPRINGS FL 32708-4966  
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

59-3272942

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

SHEARN, GREG W  
1130 POINTE NEWPORT TERR #110  
CASSELBERRY FL 32707

Name Denise Calio  
Street Address (P.O. Box Number is Not Acceptable)  
107 Seville Chase Dr  
City Winter Springs FL Zip Code 32708

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

(NOTE: Registered Agent signature required when reinstating)

4/27/00  
DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME SHEARN, GREG  
STREET ADDRESS 1130 POINTE NEWPORT TERR #110  
CITY-ST-ZIP CASSELBERRY FL 32707 ☒ Delete

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

TITLE S  
NAME SHEARN, JEFF  
STREET ADDRESS 3679 DERBYSHIRE RD #105  
CITY-ST-ZIP CASSELBERRY FL 32707 ☒ Delete

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

TITLE  
NAME CALIO, CHRIS  
STREET ADDRESS 107 SEVILLE CHASE DR  
CITY-ST-ZIP WINTER SPRGS FL 32708 ☐ Delete

TITLE Vice President  
NAME Jamie  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE PRES  
NAME CALIO, DENISE  
STREET ADDRESS 107 SEVILLE CHASE DR  
CITY-ST-ZIP WINTER SPRGS FL 32708 ☐ Delete

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

TITLE T  
NAME HEADLEE, JUDY A  
STREET ADDRESS 5500 SE 42ND CT  
CITY-ST-ZIP Ocala FL 34480 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Secretary same ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Judy A Headlee  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00  
Date

(352) 732-9223  
Daytime Phone #

CR2E034 (9/99)