2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90041 007 ***150.00

DOCUMENT # P95000044394

1. Entity Name
Gourmet Classic Salads, Inc.
240 Bullard Avenue
Lake Wales, FL 33853

Principal Place of Business
240 Bullard Avenue
Lake Wales, FL 33853

Mailing Address
1550 North Crooked Lake Drive
Babson Park, FL 33827

770144

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-3317961 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Leon D. Bellamy, Jr.
240 Bullard Avenue
Lake Wales, FL 33853

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 2001 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	President/Director ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	Jacqueline Tortorici	NAME	Jacqueline Tortorici
STREET ADDRESS	3014 Skipper Lane	STREET ADDRESS	801 Hollingsworth Rd
CITY-ST-ZIP	Lakeland, FL 33801	CITY-ST-ZIP	Lakeland, FL 33801
TITLE	VP/Secretary ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Sylvia B. Bellamy	NAME	
STREET ADDRESS	1550 N. Crooked Lake Drive	STREET ADDRESS	
CITY-ST-ZIP	Babson Park, FL 33827	CITY-ST-ZIP	
TITLE	VP/Treasurer ☐ Delete	TITLE	VP/Treasurer ☐ Change ☒ Addition
NAME	Elisabeth Bellamy	NAME	Elisabeth Bellamy
STREET ADDRESS	554 Linwood Avenue	STREET ADDRESS	554 Linwood Avenue
CITY-ST-ZIP	Buffalo, NY 14209	CITY-ST-ZIP	Buffalo, NY 14209
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: Jacqueline R. Tortorici Jacqueline R. Tortorici 4/30/01 863678-9315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #