

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044394

1. Entity Name
GOURMET CLASSIC SALADS, INC.

Principal Place of Business

240 BULLARD AVE.
LAKE WALES FL 33853
US

Mailing Address

1550 N. CROOKED LAKE DR.
BABSON PARK FL 33827
US

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

BELLAMY, LEON D JR.
240 BULLARD AVE.
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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TORTORICI, JACQUELINE	
STREET ADDRESS	801 HOLLINGSWORTH PLACE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	BELLAMY, SYLVIA B	
STREET ADDRESS	1550 N. CROOKED LAKE DR.	
CITY-ST-ZIP	BABSON PARK FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	BELLAMY, ELISABETH	
STREET ADDRESS	554 LINWOOD AVENUE	
CITY-ST-ZIP	BUFFALO NY 14209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BELLAMY JR.

Date

1/15/02

Daytime Phone #

863-678-9315

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90075 043 ***150.00



DO NOT WRITE IN THIS SPACE

03-24-2002 90075 043 ***150.00

CR2E034 (9/01)