2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

800 N. MAGNOLIA AVENUE

P96000099059

Mailing Address

800 N. MAGNOLIA AVENUE

1. Entity Name

CHITE 200

NATURE'S TABLE MANAGEMENT COMPANY



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90108 040 ***150.00

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2. Principal Place of Business			3. Mailing Address					f 100 i100 i 120 i0 i10 u i111 u u i11 u u i11	48)11 36)13 (9)	18 18111 86181	21118 1811 1851	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	FEI Number 59-3413032		oplied For ot Applicable		
Zip	Country		Zip		Cour	ntry 5. (Permittate of Status Desired Fe		8.75 Additional ee Required		
6. Name and Address of Current Registered Agent							7.	Name and Address of New Re	gistered Ag	jent		
Larsen, Richard					Name Street Address (P.O. Box Number is Not Acceptable)							
800 N. MA		VENIJĖ		Street Address (P.O				Box lunuper is not Acceliable)				
		ACIACE					-	<u> </u>				
SUITE 209							_			1		
ORLANDO				C			· · · · · · · · · · · · · · · · · · ·					
8. The above the obligation	named entit ons of regist	y submits this statement for ered agent.	the purpo	ose of changing its	register	ed office or reg	gistered a	agent, or both, in the State of Flori	da. Tamia	milar with,	and accept	
SIGNATURE _	Signature, typed	or printed name of registered agent at	nd title if appl	licable. (NOTE	: Register	d Agent signature re	equired when	n 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								Election Campaign Fina Trust Fund Contribution			00 May Be d to Fees	
<u></u>	- ayable id	OFFICERS AND I		DC	11.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	S IN 11	
10:	<u></u>	OFFICERS AND I	JIREC IO	Delete	TITL			ADDITION OF ILLUSTRATION OF THE PARTY OF THE		Change	☐ Addition	
TITLE	D	RICHARD		□1 Detete	MAN					_	_	
NAME STREET ADDRESS		AGNOLIA AVE, STE 209			EET ADDRESS							
CITY-ST-ZIP	ORLANDO FL 32803				/-ST-ZIP							
TITLE	D			☐ Delete	TITU	E				☐ Change	Addition	
NAME	LARSEN, BARBARA				NAF	AE						
STREET ADDRESS		agnolia ave, ste 209				EET ADDRESS	-				}	
CITY-ST-ZIP	ORLANDO FL 32803				CIT	r-ST-ZIP					- Addition	
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NAME), BRYAN			NAI	1						
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CITY-ST-ZIP		O FL 32803								☐ Change	Addition	
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NAME STREET ADDRESS	OOO NI MA	, Richard Agnolia Ave, Ste 209				EET ADDRESS						
CITY-ST-ZIP		O FL 32803				Y-ST-ZIP					i	
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NAME					NA	1						
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CITY-ST-ZIP					CII	Y-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 air other like empowered.

SIGNATURE:

TIVA! SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #