

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90113 014 \*\*\*150.00

**DOCUMENT # P98000003689**

1. Entity Name  
**CASUAL GOURMET FOODS, INC.**



Principal Place of Business  
**614 GRAND CENTRAL STREET  
CLEARWATER FL 33756**

Mailing Address  
**614 GRAND CENTRAL STREET  
CLEARWATER FL 33756**

2. Principal Place of Business  
**4500 140TH AVE. N.**

3. Mailing Address  
**4500 140TH AVE. N.**

Suite, Apt. #, etc.  
**205**

Suite, Apt. #, etc.  
**205**

City & State  
**CLEARWATER, FL**

City & State  
**CLEARWATER, FL**

Zip  
**33762**

Country  
**USA**

Zip  
**33762**

Country  
**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3490563**

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

**RIZZO, BEN  
614 GRAND CENTRAL ST  
CLEARWATER FL 33756**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RIZZO, BEN R 614 GRAND CENTRAL STREET CLEARWATER FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HAPANOWICZ, ROBERT J 614 GRAND CENTRAL STREET CLEARWATER FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOBAN, W NICHOLAS 614 GRAND CENTRAL STREET CLEARWATER FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO CANARELLI, DAVID J 614 GRAND CENTREE ST CLEARWATER FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DESIMONE, DANIEL 514 GREEN CENTREL ST CLEARWATER FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RIZZO, BEN R. 4500 140th Ave N. Suite 205 CLEARWATER FL 33762	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Hapanowicz, Robert J. 4500 140th Ave N Suite 205 Clearwater, FL 33762	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hoban, W Nicholas 4500 140th Ave N Suite 205 Clearwater FL 33762	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Canarelli, David J. 4500 140th Ave N Suite 205 Clearwater FL 33762	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DeSimone, Daniel 4500 140th Ave N Suite 205 Clearwater FL 33762	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 RE BEN RIZZO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/28/03**

**727 298 8307**

CR2E034 (10/02)