

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098092

1. Entity Name

Culinary America. com, Inc.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90188 013 ***150.00

Principal Place of Business: 1308 W. Horatio St.
Tampa, FL 33606

Mailing Address: 3225 S. MacDill Ave
suite 129251
Tampa, FL 33629

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

59-3559009

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

Name: Nicholas Lanese

Street Address (P.O. Box Number is Not Acceptable)

12944 Prestwick Drive

City

Riverview

FL

Zip Code

33569

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, 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: CSD ☐ Delete

NAME: Joseph E. Eastin
STREET ADDRESS: 1308 W. Horatio St.
CITY-ST-ZIP: Tampa, FL 33606

TITLE: COO ☐ Delete

NAME: Scott T. Farrell
STREET ADDRESS: 345 Bayshore Blvd.
CITY-ST-ZIP: Tampa, FL 33606

TITLE: ☐ Delete

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)