

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90002 023 ***150.00

DOCUMENT # P99000022008

1. Entity Name

NATIONAL REGISTRY OF FOOD SAFETY PROFESSIONALS, Inc.

Principal Place of Business

1200 EAST HILLCREST STREET
 SUITE 300
 ORLANDO FL 32803

Mailing Address

1200 EAST HILLCREST STREET
 SUITE 300
 ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 303

Suite, Apt. #, etc.

Suite 303

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3564112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Chris Cottrill

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

110 E. Hillcrest St.

City

Orlando

FL

Zip Code

32801

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/01

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

TITLE **PD** ☐ Delete
 NAME **COX, DAVID B**
 STREET ADDRESS **1200 EAST HILLCREST STREET**
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **STD** ☒ Delete
 NAME **COX, DALE L**
 STREET ADDRESS **1200 EAST HILLCREST STREET**
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Manager** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Manager** ☐ Change ☒ Addition
 NAME **C. Lingard**
 STREET ADDRESS **1200 E. Hillcrest Suite 303**
 CITY-ST-ZIP **Orlando, FL 32803**

TITLE **Manager** ☐ Change ☒ Addition
 NAME **N. Haverson**
 STREET ADDRESS **1200 E. Hillcrest St. Suite 303**
 CITY-ST-ZIP **Orlando FL 32803**

TITLE **Manager** ☐ Change ☒ Addition
 NAME **G. Irce**
 STREET ADDRESS **1200 E. Hillcrest St. Suite 303**
 CITY-ST-ZIP **Orlando, FL 32803**

TITLE **Manager** ☐ Change ☒ Addition
 NAME **D. White**
 STREET ADDRESS **1200 E. Hillcrest St. Suite 303**
 CITY-ST-ZIP **Orlando, FL 32803**

TITLE **Manager** ☐ Change ☒ Addition
 NAME **G. Slez**
 STREET ADDRESS **1200 E. Hillcrest St. Suite 303**
 CITY-ST-ZIP **Orlando, FL 32803**

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

5/12/01 **407-891-6405**

Date

Daytime Phone #

CR2E034 (10/00)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 12, 2001

NATIONAL REGISTRY OF FOOD SAFETY PROFESSIONALS, INC.
1200 EAST HILLCREST STREET
SUITE 300
ORLANDO, FL 32803

SUBJECT: NATIONAL REGISTRY OF FOOD SAFETY PROFESSIONALS, INC.
Ref. Number: P99000022008

We have received your check(s); however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/vrm

ANNUAL REPORTS SECTION

Letter number: 601A00035992

Director's Office

Attachment
A0076678