

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90173 042 ***550.00

DOCUMENT # P99000022008

1. Entity Name

**NATIONAL REGISTRY OF FOOD SAFETY PROFESSIONALS,
INC.**

Principal Place of Business

**1200 EAST HILLCREST STREET
SUITE 303
ORLANDO FL 32803**

Mailing Address

**1200 EAST HILLCREST STREET
SUITE 303
ORLANDO FL 32803**

973059



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3564112**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**COTTNILL, CHRIS
110 E HILLCREST ST
ORLANDO FL 32801**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **M** ☐ Delete
NAME **COX, DAVID B**
STREET ADDRESS **1200 EAST HILLCREST STREET**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **M** ☐ Delete
NAME **LINGARD, C.**
STREET ADDRESS **1200 E HILLCREST SUITE 303**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **M** ☐ Delete
NAME **HAVERSON, N.**
STREET ADDRESS **1200 E HILLCREST ST., STE 303**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **M** ☐ Delete
NAME **IRICE, G**
STREET ADDRESS **1200 E HILLCREST ST., STE 303**
CITY-ST-ZIP **ORLANDO FL 32803**

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

TITLE **M** ☒ Delete
NAME **WAITE, D.**
STREET ADDRESS **1200 E HILLCREST ST., STE 303**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Change ☒ Addition
NAME **M. K. Murali**
STREET ADDRESS **1200 E. Hillcrest, Ste. 303**
CITY-ST-ZIP **Orlando, FL 32803**

TITLE **M** ☐ Delete
NAME **SLEE, G.**
STREET ADDRESS **1200 E HILLCREST ST., STE 303**
CITY-ST-ZIP **ORLANDO FL 32803**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-894-6405

CR2E034 (4/02)