

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031906

1. Entity Name

TEAMS FOOD, INC.



FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90002 016 ***550.00

Principal Place of Business

501 ATLANTIC AVE.
INTERLACHEN FL 32148

Mailing Address

PO BOX 92
INTERLACHEN FL 32148-0092

2. Principal Place of Business

Golden Corral
Suite, Apt. #, etc.

3. Mailing Address

1119 E Oak St
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Arcadia, FL

Zip
34266

Country
US

City & State
Arcadia, FL

Zip
34266

Country
US

4. FEI Number

65-0907085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEY, JOHN L II
501 ATLANTIC AVE.
INTERLACHEN FL 32148

7. Name and Address of New Registered Agent

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.

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Edward G Kessler Jr
1119 E OAK ST
Arcadia, FL 34266

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sec/Treas
Donna S Kessler
1119 E Oak St
Arcadia, FL 34266

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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 #

Edward G Kessler Jr, President 8-10-00 (863) 494-5348

CR2E034 (9/99)