

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095507

1. Entity Name
ITALIAN FOODS CORPORATION

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90030 001 ***550.00
09-13-2000 90030 002 *****8.75

Principal Place of Business
5014 NW 71ST PLACE
GAINESVILLE FL 32653

Mailing Address
5014 NW 71ST PLACE
GAINESVILLE FL 32653

2. Principal Place of Business

3. Mailing Address
2615 NW 5th PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
GAINESVILLE FL

4. FEI Number

59-3611346

Applied For

Not Applicable

Zip

Country

Zip
32607

Country

ALACHUA

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

J. PARKER AILSTOCK, P.A.
2615 NW 5TH PLACE
GAINESVILLE FL 32607

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAPIANA, GIANCARLO
VIA BOLGHERA 21, 38014
TRENTO, ITALY

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ANDREA TOSOLINI
5014 NW 71st PL
GAINESVILLE FL 32653

☐ Change

☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change

☐ Addition

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
ANDREA TOSOLINI

08/29/00 (352) 376-3643

CR2E034 (5/00)