

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005545

**FILED**  
**Feb 01, 2022**  
**Secretary of State**  
**4105244172CC**

**Entity Name:** THE FAIR FOOD STANDARDS COUNCIL, INC.

**Current Principal Place of Business:**

330 S. PINEAPPLE AVE., STE. 201  
SARASOTA, FL 34236

**Current Mailing Address:**

330 S. PINEAPPLE AVE., STE. 201  
SARASOTA, FL 34236 US

**FEI Number:** 45-2982573

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCHULMAN, PAUL .  
330 S. PINEAPPLE AVE., SUITE 201  
SARASOTA, FL 34236 US

*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:** PAUL SCHULMAN

02/01/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name SAFER ESPINOZA, LAURA HON.  
Address 330 S. PINEAPPLE AVE., STE. 201  
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR, SECRETARY  
Name DAMICO, NOELLE  
Address 330 S. PINEAPPLE AVE., STE. 201  
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR  
Name MASON, PATRICK LPH.D.  
Address FLORIDA STATE, 266 BELLAMY BLDG  
City-State-Zip: TALLAHASSEE FL 32306

Title DIRECTOR  
Name MONACELLO, MARLEY  
Address 110 S 2ND ST  
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR  
Name WEBER, ALISON  
Address 980 N MICHIGAN AVENUE  
City-State-Zip: CHICAGO IL 60611

Title TREASURER, DIRECTOR  
Name RODRIGUEZ, NELLY  
Address 110 SOUTH 2ND STREET  
City-State-Zip: IMMOKALEE FL 34142

Title CFO  
Name SCHULMAN, PAUL  
Address 330 S PINEAPPLE AVE STE 201  
City-State-Zip: SARASOTA FL 34236

Title V  
Name BRINKS, DEREK  
Address 330 S PINEAPPLE AVE STE 201  
City-State-Zip: SARASOTA FL 34236

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL SCHULMAN

**DIR OF FINANCE**

02/01/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SALUCIO, CRUZ  
Address        110 S 2ND ST  
City-State-Zip: IMMOKALEE FL 34142