

**Company Name**

Castaway Sauce Company

**City**

Gainesville

**State**

FL

**Contact Name (First and Last)**

Shael Morgan

**Email**

[shael@castawaysaucecompany.com](mailto:shael@castawaysaucecompany.com)

**Phone**

(352) 642-3629

**Do you have a UF Supplier ID?**

No

**Is the owner a UF alum?**

Yes