

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90040 017 \*\*\*150.00

**DOCUMENT # P95000079844**

1. Entity Name  
**HOLIDAY CAFE, INC.**

Principal Place of Business      Mailing Address  
**6229 TOWER RD**      **PO BOX 1439**  
**LANDO LAKES P 34639**      **LANDO LAKES P 34639-1439**

0002034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3339724</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>WINKLER, BERNARD</b> <del>25533 OAKS BLVD</del> <del>LAND O LAKES FL 34639</del>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>6229 TOWER RD</b>		<b>LAND O' LAKES FL</b> Zip Code <b>34639</b>	

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:      (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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINKLER, BERNARD</b>	NAME	
STREET ADDRESS	<b>25533 OAKS BOULEVARD</b>	STREET ADDRESS	<b>6229 TOWER RD</b>
CITY-ST-ZIP	<b>LAND O' LAKES FL 34639</b>	CITY-ST-ZIP	<b>LAND O' LAKES, FL 34639</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES O'BRIEN</b>	NAME	
STREET ADDRESS	<b>6909 QUAIL HOLLOW BLVD</b>	STREET ADDRESS	<b>7515 OZCOTT DR</b>
CITY-ST-ZIP	<b>LAND O' LAKES FL 33543</b>	CITY-ST-ZIP	<b>WESLEY CHAPEL FL 33544</b>
TITLE	<b>ST</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYNN WINKLER</b>	NAME	
STREET ADDRESS	<b>25533 OAKS BLVD</b>	STREET ADDRESS	<b>6229 TOWER RD</b>
CITY-ST-ZIP	<b>LAND O' LAKES FL</b>	CITY-ST-ZIP	<b>LAND O LAKES, FL 34639</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

C-12: 034 (9/99)