

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90014 050 \*\*\*150.00

0421563

**DOCUMENT # P95000079844**

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

Principal Place of Business 6229 TOWER RD LANDO LAKES P 34639	Mailing Address PO BOX 1439 LANDO LAKES P 34639
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-3339724</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WINKLER, BERNARD**  
**6229 TOWER RD**  
**LAND O LAKES FL 34639**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	WINKLER, BERNARD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	6229 TOWER RD	STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES FL 34639	CITY-ST-ZIP	
V	JAMES O'BRIEN	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	7515 OZCOTT DR	STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	CITY-ST-ZIP	
ST	LYNN WINKLER	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	6229 TOWER RD	STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES FL 34639	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> 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]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/8/01 Daytime Phone #: 813-9290909

CR2E034 (10/00)