

# 2000 UNIFORM BUSINESS REPORT (UBR)

pg 107

DOCUMENT # P97000054595

Entity Name  
**NO ANCHOVIES ITALIAN RESTAURANT OF STUART, INC.**

APPROVED  
AND  
FILED

00 SEP 14 PM 2:40

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**CAFE CHARDONNAY** C/O CAFE CHARDONNAY  
**PGA BOULEVARD** 4533 PGA BOULEVARD  
**BEACH GARDENS FL 33418** PALM BEACH GARDENS FL 33418

Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FBI Number **65-0457185** Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**WHITE, CHARLES R. L ESO**  
**725 NORTH A1A**  
**SUITE E-102**  
**JUPITER FL 33477**

7. Name and Address of New Registered Agent  
 Name: **000003398120--0**  
 Street Address (P.O. Box Number is Not Accepted): **00019/00--01049--021**  
**\*\*\*\*150.00 \*\*\*\*150.00**  
 City **FL** Zip Code

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 of applicant or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when vacating) DATE

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back.)

**FILE NOW!!! FEE IS \$590.00**  
**ANY SEPTEMBER 15, 2000 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

| OFFICERS AND DIRECTORS  |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                    |  |
|---|--|--|--|
| <p><input type="checkbox"/> Delete</p> <p><b>D</b><br/> <b>EUCALITTO, GARY W</b><br/> <b>1733 VILLAGE BOULEVARD #111</b><br/> <b>WEST PALM BEACH FL 33409</b></p> | <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-STATE-ZIP</p> | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> |  |
| <p><input type="checkbox"/> Delete</p> <p><b>Frank C. Eucalitto</b><br/> <b>5110 Laird Lane</b><br/> <b>Jupiter, FL 33458</b></p>                                 | <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-STATE-ZIP</p> | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> |  |
| <p><input type="checkbox"/> Delete</p>  | <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-STATE-ZIP</p> | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> |  |
| <p><input type="checkbox"/> Delete</p>  | <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-STATE-ZIP</p> | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> |  |
| <p><input type="checkbox"/> Delete</p>  | <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-STATE-ZIP</p> | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> |  |
| <p><input type="checkbox"/> Delete</p>  | <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-STATE-ZIP</p> | <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> |  |

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 empowers.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/00 561-624-1384

CR2E034 (5/00)



*Pg. 2 of 2  
Attachment  
#97000054595*

August 22, 2000

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

After receiving a letter from your office dated July 21, 2000 requesting a corrected annual report/uniform business report, we made the appropriate corrections and returned it to your office. We have now received a second letter stating that you have received the corrections but had not received payment. As I had outlined in a telephone conversation on August 21, 2000, we already sent payment with check number 2421 dated January 21, 2000. I am forwarding a copy of the check stub for your perusal. Unfortunately, through no fault of our own, somehow that check apparently did not reach your office. We apologize for any inconvenience this may have caused you. We have enclosed a check in the amount of \$150.00. We understand that you require a fee to be assessed in the event of late payment. We are hoping that due to our history of on-time payments and an attempt to pay on-time this year, in good faith, that you can waive the late fee. We appreciate your generous consideration in this matter. Should you require any further information, please feel free to contact me anytime at (561) 624-1384.

Sincerely,

Frank Eucalitto  
Owner

*Pat*

*Sending Doc to my Attention  
JSM*