

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075795

1. Entity Name

MR. POST OF FLORIDA, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90028 001 ***150.00

Principal Place of Business

Mailing Address

3111 JOHNS PARKWAY
CLEARWATER FL 33759
US

3111 JOHNS PARKWAY
CLEARWATER FL 33759-4408
US

2. Principal Place of Business

3111 Johns Pkwy
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

FL

Zip

33759

Country

Pinellas

Zip

Country

4. FEI Number

59-3466435

APPLIED FOR

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAHALAN, DAVID F
3111 JOHNS PKWY
UNIT #6
CLEARWATER FL 33759

Name

David F. Cahalan

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

David F. Cahalan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Apr 16-00

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, 2000 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

TITLE PD ☐ Delete
NAME CAHALAN, KATHERINE
STREET ADDRESS 3111 PKWY DR
CITY-ST-ZIP CLEARWATER FL 33759

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VOTO ☐ Delete
NAME CAHALAN, DAVID
STREET ADDRESS 3111 PKWY DR
CITY-ST-ZIP CLEARWATER FL 33759

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Katherine L. Cahalan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katherine L. Cahalan 4-6-00 727-726-0139

Date

Daytime Phone #

CR2E034 (9/99)