

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S69689

1. Entity Name

CENTRE CAFE, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90061 046 ***150.00

Principal Place of Business

Mailing Address

421 W. CHURCH ST
#507
JACKSONVILLE FL 32223
US

421 W. CHURCH ST
#507
JACKSONVILLE FL 32202-4159
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3073966

Applied For
Not Applicable

Zip

Country

Zip

Country

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

COINTEPOIX, KATHLEEN L.
12468 LYDIA WOODS CT.
JACKSONVILLE FL 32258

Name

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

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

(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, 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 DST ☐ Delete
NAME DIETRICH, MICHAEL
STREET ADDRESS 3900 OLDFIELD CROSSING DR #1201
CITY-ST-ZIP JACKSONVILLE FL 32223

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

TITLE DP ☐ Delete
NAME COINTEPOIX, KATHLEEN L.
STREET ADDRESS 3900 OLDFIELD CROSSING DR #1201
CITY-ST-ZIP JACKSONVILLE FL 32223

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

TITLE VP ☐ Delete
NAME COINTEPOIX, RENE A.
STREET ADDRESS 3900 OLDFIELD CROSSING DR #1201
CITY-ST-ZIP JACKSONVILLE FL 32223

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
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CITY-ST-ZIP

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:

René A. Coitepoix
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RENE A. COINTEPOIX

Date

Daytime Phone #

4-26-00

(904) 632-0058



DO NOT WRITE IN THIS SPACE