

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047397

1. Entity Name

GOURMET DELI, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90111 002 ***150.00

Principal Place of Business

2955 WEST BAY DRIVE
BELLEAIR BLUFFS FL 33770

Mailing Address

19941 GOLF BLVD
INDIAN SHORES FL 33785-2456

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2961 W Bay Dr

Suite, Apt. #, etc.

HASTINGS & ASSOCIATES, P.A.
2207 54TH ST S
GULFPORT, FL 33707

City & State

Belleair Bluffs, FL

City & State

GULFPORT, FL 33707

Zip

33770 Pinellas

Zip

Country

4. FEI Number

59-3449238

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

CIPOLLA, VINCENT F SR
1660 GULF BLVD.
SUITE 806
CLEARWATER FL 33767

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 | PD | <input type="checkbox"/> Delete |
| NAME | CIPOLLA, VINCENT F SR | |
| STREET ADDRESS | 1660 GULF BLVD.#806 | |
| CITY-ST-ZIP | CLEARWATER FL 34630 33767 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | CIPOLLA, RHONDA E | |
| STREET ADDRESS | 1660 GULF BLVD.#806 | |
| CITY-ST-ZIP | CLEARWATER FL 34630 33767 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Rhonda E Cipolla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)