

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90004 022 ***555.00

DOCUMENT # P94000069489

1. Entity Name
NO ANCHOVIES ITALIAN RESTAURANT PALM BEACH, INC.

Principal Place of Business 2650 PGA BLVD. PALM BEACH GARDENS FL 33410	Mailing Address 2650 PGA BLVD. PALM BEACH GARDENS FL 33410
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2. Principal Place of Business 1901 Palm Beach Lakes Blvd. Suite, Apt. #, etc.	3. Mailing Address 1901 Palm Beach Lakes Blvd. Suite, Apt. #, etc.
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City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33409	Country Palm Beach
Zip 33409	Country Palm Beach

4. FEI Number 65-0522010	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent
 Name **Joseph Jordan**
 Street Address (P.O. Box Number is Not Acceptable)
**500 Australian Avenue South
 Suite 600**
 City **West Palm Beach FL** Zip Code **33401**

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 *Joseph Jordan* **Joseph Jordan** 7/28/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. 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**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete EUCALITTO, FRANK C 279 SUSSEX CIR JUPITER FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete Gary Eucalitto 1901 Palm Beach Lakes Blvd. West Palm Beach, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Joseph Jordan* **SIGNATURE REQUIRED** 7/27/00 **(561)684-0040**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #



DO NOT WRITE IN THIS SPACE