## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 02, 2001 8:00 am Secretary of State **DOCUMENT # 370582** JERRY'S CATERERS, INC. 03-02-2001 90035 012 \*\*\*150.00 Principal Place of Business Mailing Address 1500 FLORIDA MANGO ROAD 1500 FLORIDA MANGO ROAD P.O. BOX 24618 P.O. BOX 24618 W PALM BEACH FL 33416-1618 W PALM BEACH FL 33416-1618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1195203 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD. 1600 MIAMI CENTER MIAMI FL 33131 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agont signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition CR2E034 (10/00 ☐ Delete PENDERGAST, GERARD J.JR. NAME NAME STREET ADDRESS 1500 FLORIDA MANGO ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL ☐ Delete Change Addition TITLE TITLE PENDERGAST, LAURA NAME NAME STREET ADDRESS 1500 FLORIDA MANGO ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP W. PALM BEACH FL Change TITLE ☐ Delete TITLE ☐ Addition RHODES, KAREN P. NAME NAME STREET ADDRESS 1500 FLORIDA MANGO ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP W. PALM BEACH FL ☐ Change Addition ☐ Delete TITLE TITLE PENDERGAST, PAULA NAME NAME STREET ADDRESS STREET ADDRESS 1500 FLORIDA MANGO ROAD CITY-ST-7IP CITY-ST-ZIP W PALM BEACH FL Addition TITLE Delete TITLE ☐ Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ion 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 lemental 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 or britistee sympowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the na address, with all other like empowered. I hereby certify that the information indicated on this report or suppler of the corporation or the receiv changed, or on an attachment

2-28-01

G. J. Pendergast Jr 561-683-2569
DERECTOR Dayline Phone #

**FILED**