

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 518800

1. Entity Name

DEVRIES BELGIAN BAKERY, INC.

FILED

Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90295 007 \*\*\*150.00

Principal Place of Business

3005 CARING WAY  
P.O. BOX 3179  
PORT CHARLOTTE FL 33949

Mailing Address

3005 CARING WAY  
P.O. BOX 3179  
PORT CHARLOTTE FL 33949

2. Principal Place of Business

4040A Tamiami Trail

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Port Charlotte FL

Zip

33952

Country

Charlotte

City & State

Zip

Country

4. FEI Number 59-1703439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOORE, JAMES E. III  
1625 W. MARION AVENUE SUITE 2  
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

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, 2001 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

TITLE P  
NAME DEVRIES, WILLY  
STREET ADDRESS 4040-A TAMIAM TRAIL  
CITY-ST-ZIP PORT CHARLOTTE, FL 00000

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01 24 2001 941 637 4905

CR2E034 (10/00)