

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 697142

1. Entity Name

AMELIA'S FAMOUS FOR CALZONE RESTAURANT, INC.

Principal Place of Business

Mailing Address

6841 S US HWY 17-92
FERN PARK FL 32730

6841 S US HWY 17-92
FERN PARK FL 32730-2041

2. Principal Place of Business

3. Mailing Address

Suite
AMELIA'S ITAL. REST.
5401 HWY. 17-92
CASSELBERRY, FL 32707

Suite, Apt. #, etc.
AMELIA'S ITAL. REST.
5401 HWY. 17-92
CASSELBERRY, FL 32707

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LEO, LAWRENCE
275 BAHAMA RD
WINTER SPRINGS FL 32708

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEO, LAWRENCE	
STREET ADDRESS	275 E. BAHAMA RD.	
CITY- ST- ZIP	WINTER SPRINGS FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	LEO, LAWRENCE	
STREET ADDRESS	264 SHADYHOLLOW RD	
CITY- ST- ZIP	CASSELBERRY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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:

LARRY LEO

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)