

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90090 046 \*\*\*150.00

**DOCUMENT # 819177**

1. Entity Name

AMENDED

**SMORGASBORD MANAGEMENT CO.**

*R*

Principal Place of Business

Mailing Address

10645 SW 75TH TERR  
 OCALA FL 34476  
 US

P.O. BOX 770298  
 OCALA FL 34477  
 US

2. Principal Place of Business

2872 NE 29th Street

3. Mailing Address

2872 NE 29th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Ft Lauderdale, FL

City & State  
 Ft. Lauderdale, FL

4. FEI Number **59-1116918**

Applied For  
 Not Applicable

Zip  
 33306

Country  
 Broward

Zip  
 3301

Country  
 Broward

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

SLATER, HENRY A.  
 10645 SW 75TH TERRACE  
 OCALA FL 34476

Name  
 Lulu B. Albertson  
 Street Address (P.O. Box Number is Not Acceptable)  
 2872 NE 29th Street  
 City  
 Ft. Lauderdale FL Zip Code  
 33306

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 Lulu B. Albertson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*7/12/00*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 STD  
 SLATER, HENRY A  
 10645 SW 75TH TERRACE  
 OCALA FL ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 President/Director  
 Lulu B. Albertson  
 2872 NE 29th Street  
 Ft. Lauderdale, FL 33306 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DP  
 ALBERTSON, JOHN C.  
 1925 NE 45TH ST #231  
 FT LAUDERDALE, FL 00000 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Vice Pres/Director  
 Joyce O'Leary  
 2872 NE 29th Street  
 Ft. Lauderdale, FL 33306 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ 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: Lulu B. Albertson, President  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*7/12/00* 954-564-3852

81917 (Attachment)

18773

Smorgasbord Management Company

P.O. Box 770298  
Ocala, Florida 34477  
(904) 854-4766

352

July 1, 2000

W E      A R E      M O V I N G

TO WHOM IT MAY CONCERN:

In July, 2000, we are moving our office from  
Ocala, Florida to Ft. Lauderdale, Florida.

OUR NEW ADDRESS IS:

SMORGASBORD MANAGEMENT CO.  
2872 NE 29th STREET  
FT. LAUDERDALE, FL 33306-1919

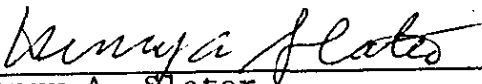
OUR NEW TELEPHONE NUMBER IS:

1- 954- 564- 3852

ALL CORRESPONDENCE, BILLS, RENT PAYMENTS,  
NOTICES AND ALL OTHER ITEMS, SHOULD BE SENT TO THE  
NEW ADDRESS AS SHOWN ABOVE.

Thank you for your cooperation.

Sincerely,  
SMORGASBORD MANAGEMENT CO.

  
Henry A. Slater  
Secretary/Treasurer

# 2000 UNIFORM BUSINESS REPORT (UBR)

Attachment  
COPY

18773

DOCUMENT # 819177

Entity Name  
SMORGASBORD MANAGEMENT CO.

Principal Place of Business  
SW 75TH TERR  
FL 34476

Mailing Address  
P.O. BOX 770298  
OCALA FL 34477-0298  
US

Principal Place of Business  
2872 NE 29th Street

3. Mailing Address  
2872 NE 29th St.  
Suite, Apt. #, etc.

City & State  
Ft. Lauderdale, FL

City & State  
Ft. Lauderdale, FL

Zip  
33306

Country  
Broward

Zip  
33306

Country  
Broward

4. FEI Number 59-1116918

Applied For  
Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SLATER, HENRY A.  
10645 SW 75TH TERRACE  
OCALA FL 34476

7. Name and Address of New Registered Agent  
Name Lulu B. Albertson  
Street Address (P.O. Box Number is Not Acceptable) 2872 NE 29th Street  
City Ft. Lauderdale, FL Zip Code 33306

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 Henry A. Slater, Sec/Treas/Director DATE 1/6/00

(NOTE: Registered Agent signature required when re-registering)

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	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SLATER, HENRY A		NAME		
STREET ADDRESS	10645 SW 75TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ALBERTSON, JOHN C.		NAME		
STREET ADDRESS	1925 NE 45TH ST #231		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME			NAME	Lulu B. Albertson	
STREET ADDRESS			STREET ADDRESS	2872 NE 29th Street	
CITY-ST-ZIP			CITY-ST-ZIP	Ft. Lauderdale, FL 33306	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME			NAME	Joyce O'Leary	
STREET ADDRESS			STREET ADDRESS	2129 NE 61st Court	
CITY-ST-ZIP			CITY-ST-ZIP	Ft. Lauderdale, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Henry A. Slater, Sec/Treas/Director DATE 1/6/00 352-8544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
HENRY A. SLATER

819177 (Attachment 5)

18773

Smorgasbord Management Company

P.O. Box 770298  
Ocala, Florida 34477  
352 (804) 854-4766

July 12, 2000

Florida Department of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

RE: Document # 819177

On January 6, 2000 we filed the above form and sent it in along with our check for \$150.00. A copy of the form that we sent in is attached.

Today we received another form, and I called your office. I was informed that a rejection letter was sent to the address as shown on the attached form in regard to the new Resident Agent. To the best of our knowledge this rejection letter was never received.

I was instructed by your office to write a letter, stating the above fact. Also to have the new Resident Agent sign the Form # 819177.

We have prepared an "Amended" return, and the "new Resident Agent" has signed on line 8 as well as line 13.

We hope this clears up the matter.

Sincerely yours,

SMORGASBORD MANAGEMENT CO.

  
Henry A. Slater, Sec./Treas.

Enclosures 3