

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 834657

1. Entity Name

SWENSEN'S ICE CREAM COMPANY

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90030 029 ***150.00

Principal Place of Business

Mailing Address

4175 VETERANS HWY.
RONKONKOMA NY 11779

4175 VETERANS HWY.
RONKONKOMA NY 11779-7639

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-1724297**

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	SMITH, RICHARD	
STREET ADDRESS	4175 VETERANS HWY.	
CITY-ST-ZIP	RONKONKOMA NY 11779	
TITLE	P	<input type="checkbox"/> Delete
NAME	WELTY, JOHN R	
STREET ADDRESS	4175 VETERANS HWY.	
CITY-ST-ZIP	RONKONKOMA NY 11779	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEVENS, GARY P	
STREET ADDRESS	4175 VETERANS HWY.	
CITY-ST-ZIP	RONKONKOMA NY 11779	
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		

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

JOHN R. WELTY JR.

2/8/00

Date

516-737-9700

Daytime Phone #

CR2E034 (9/99)