

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F61170

1. Entity Name

TASTE OF CHICAGO, INC.

Principal Place of Business

Mailing Address

% E GLENN TUCKER  
923 N. COLLIER BLVD.  
MARCO ISLAND FL 33937-2742

297 N. COLLIER  
MARCO ISLAND FL 34145-3012  
US

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 59-2151077

Applied For

Not Applied For

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

TUCKER, E GLENN  
950 N. COLLIER BLVD.  
SUITE 204  
MARCO ISLAND FL 33937

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GREBENOR, MARILYN  
180 SEAVIEW CT #702  
MARCO ISLD, FL 00000 ☐ Delete

V  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GREBENOR, JOSEPH  
180 SEAVIEW CT #702  
MARCO ISLD, FL 00000 ☐ Delete

P  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
THOMA, JOHN  
961 COLLIER CT  
MARCO ISLD, FL 00000 ☐ Delete

S  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
THOMA, PAT  
961 COLLIER CT  
MARCO ISLD, FL 00000 ☐ Delete

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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: MARILYN GREBENOR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-00  
Date

941-394-1366  
Daytime Phone #