

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003494

1. Entity Name

ZEST OF THE WEST, LTD., INC.

FILED

Apr 27, 2000 8:00 am  
Secretary of State

01-28-2000 90207 044 \*\*\*150.00

Principal Place of Business

Mailing Address

16640 DEERPATH LANE  
LOXAHATCHEE FL 33470

16640 DEERPATH LANE  
LOXAHATCHEE FL 33470-5006

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4236285

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MASSO, MICHELLE  
16640 DEERPATH LANE  
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

Name

ETTASUE LONG

Street Address (P.O. Box Number is Not Acceptable)

5263 HARWOOD LANE

City

LAKE WORTH

FL

Zip Code

33467-1831

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

*Michele M. Masso*

Michele M. Masso

1-13-00

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 CDPS ☐ Delete  
NAME MASSO, MICHELLE  
STREET ADDRESS 16640 DEERPATH LANE  
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE VCDT ☐ Delete  
NAME MINIKUS, TODD  
STREET ADDRESS 16640 DEERPATH LANE  
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE VP ☐ Delete  
NAME MINIKUS, TODD  
STREET ADDRESS 16640 DEERPATH LANE  
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME Masso, Michele  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ 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:

*Michele M. Masso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michele M. Masso

1-13-00

Date

561-333-3000

Daytime Phone #