

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G40799

1. Entity Name

JULIE'S CAFE, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90020 043 \*\*\*150.00

Principal Place of Business  
351 SOUTH GULFVIEW BLVD  
CLEARWATER BEACH FL 34630-2445

Mailing Address  
351 SOUTH GULFVIEW BLVD  
CLEARWATER BEACH FL 33767-2445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2345936**

Applied For

Not Applicable

Zip Country

Zip Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICHOLS, JULIE  
351 S GULFVIEW BLVD  
CLEARWATER FL 34630

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

PTD  
NICHOLS, JULIE F  
640 S BAYWAY BLVD #205  
CLEARWATER FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
NICHOLS, ANDREW  
640 S BAYWAY BLVD #205  
CLEARWATER FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~See Tres~~  
~~Director Graham~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~See Tres.~~  
~~Director Graham~~  
115 Causeway Blvd  
Belleair Beach FL 33786

☐ Change ☒

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~Director~~  
Celia Kottmeier  
735 Islandway  
Clearwater, FL 33767

☐ Change ☒

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00 727-441-8590

Date

Daytime Phone #