

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G44726**

1. Entity Name
CUISINE DES CHEFS, INC.

Principal Place of Business
**2441 ORLANDO CENTRAL PKWY
P.O. BOX 22801
ORLANDO FL 32809
US**

Mailing Address
**% CHEFS DE FRANCE
P.O. BOX 22801
LAKE BUENA VISTA FL 32830-9801**

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 **59-2388518**

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

**WILSON, SAMUEL
1830 AVENUE OF THE STARS
% CHEFS DE FRANCE OF ORLANDO, INC
LAKE BUENA VISTA FL 32830**

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, 2001 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 **PD** ☐ Delete
NAME **LENOTRE, GASTON**
STREET ADDRESS **LE PRE CATELIN**
CITY-ST-ZIP **PARIS, FRANCE 00000**

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

TITLE **VD** ☐ Delete
NAME **BOCUSE, PAUL**
STREET ADDRESS **PAUL BOCUSE CONSELL**
CITY-ST-ZIP **COLLIGNES, FRANCE 00000**

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

TITLE **VD** ☐ Delete
NAME **VERGE, ROGER**
STREET ADDRESS **MOULIN DE MOUGINS**
CITY-ST-ZIP **MOUGINS, FRANCE 00000**

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

TITLE **AS** ☐ Delete
NAME **WILSON, SAMUEL**
STREET ADDRESS **1830 AVENUE OF THE STARS**
CITY-ST-ZIP **LAKE BUENA VISTA FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-21-01 407-827-5032

Date Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE