

2001 UNIFORM BUSINESS REPORT (UBR)

0119507

DOCUMENT # H54693

1. Entity Name

CROISSANTS DE FRANCE OF KEY WEST, INC.

FILED

01 JAN 17 PM 12:47

Principal Place of Business

816 DUVAL STREET
KEY WEST FL 33040

Mailing Address

816 DUVAL STREET
KEY WEST FL 33040

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

926 Truman Ave.

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

USA

[Handwritten Signature]



DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1159908

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

LUCAS, JEAN CLAUDE
816 DUVAL STREET
KEY WEST FL 33040

Name
Albert L. Kelley

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

City
Key West

FL

Zip Code
33040

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

[Handwritten Signature]

Albert L. Kelley

1-11-1

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LUCAS, JEAN CLAUDE
816 DUVAL STREET
KEY WEST FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Patrick Gossweiler
1209 Johnson St.
Key West, FL 33040 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003618103
-01/31/01--01075--009
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-1

Date

305 296-0160

Daytime Phone #

CR2E034 (10/00)