

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H94523

1. Entity Name

KOSTAS OF NAPLES, INC.

FILED

Apr 13, 2000 8:00 am  
Secretary of State

04-13-2000 90002 014 \*\*\*150.00

Principal Place of Business

Mailing Address

4031 GULF SHORE BLVD., N. PH1E  
NAPLES FL 34103  
US

4031 GULF SHORE BLVD., N. PH1E  
NAPLES FL 34103-2606  
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

59-2623928

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

RIGAS, CONSTANTINE J.  
4031 GULF SHORE BLVD N PH1E  
NAPLES FL 34103

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 D ☐ Delete  
NAME RIGAS, CHRISTOPHER C.  
STREET ADDRESS 132 N MAIN STREET  
CITY-ST-ZIP WELLSVILLE NY 14895

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

TITLE DS ☐ Delete  
NAME RIGAS, RHEBA V.  
STREET ADDRESS 4031 GULF SHR BLV N PH1E  
CITY-ST-ZIP NAPLES FL

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

TITLE D ☐ Delete  
NAME RIGAS, JAMES R.  
STREET ADDRESS 3 MULHERRIN FARM ROAD  
CITY-ST-ZIP HANOVER NH 03755

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

TITLE D ☐ Delete  
NAME PEASE, DIANA R.  
STREET ADDRESS 35 N HIGHLAND AVE.  
CITY-ST-ZIP WELLSVILLE NY

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

TITLE D ☐ Delete  
NAME RIGAS, JOHN C.  
STREET ADDRESS 18 BEECHNUT TERRACE  
CITY-ST-ZIP ITHACA NY

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

TITLE D ☐ Delete  
NAME CHIN, KATHERINE  
STREET ADDRESS 14 KING STREET  
CITY-ST-ZIP ARLINGTON MA 02174

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

3/3/00

Date

941-649-4637

Daytime Phone #

CR2E034 (9/99)