

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2002 8:00 am**  
**Secretary of State**

03-15-2002 90009 037 \*\*\*150.00

CURSOR  
AV

DOCUMENT # J51997

1. Entity Name  
KITCHEN CABARET, INC.

Principal Place of Business

C/O GREGORY K. WOOLEY  
16295 S TAMIAMI TRAIL  
FT. MYERS FL 33908

Mailing Address

C/O GREGORY K. WOOLEY  
16295 S TAMIAMI TRAIL  
FT. MYERS FL 33908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-2765512Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

WOOLEY, GREGORY K.  
1400 S.W. 48TH TER.  
CAPE CORAL FL 33914

## 7. Name and Address of New Registered Agent

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, 2002 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 PD  
NAME WOOLEY, GREGORY K.  
STREET ADDRESS 1400 S.W. 48TH TER.  
CITY-ST-ZIP CAPE CORAL FL ☐ DeleteTITLE ST  
NAME WOOLEY, SHERYL  
STREET ADDRESS 1400 SW 48TH TERR  
CITY-ST-ZIP CAPE CORAL FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE S  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ AdditionTITLE VP  
NAME Wooley, Jennifer  
STREET ADDRESS 1400 SW 48th Terrace  
CITY-ST-ZIP Cape Coral, Florida 33914 ☐ Change ☒ AdditionTITLE T  
NAME Wooley, Amy  
STREET ADDRESS 1400 SW 48th Terrace  
CITY-ST-ZIP Cape Coral, Florida 33914 ☐ Change ☒ AdditionTITLE VP  
NAME Johnson, Ronald  
STREET ADDRESS 22511 North River Road  
CITY-ST-ZIP Alva, Florida 33920 ☐ Change ☒ AdditionTITLE  
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 lines empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-02 941-489-2420

CR2E034 (9/01)