

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K17328

1. Entity Name

ATLANTIC COAST RESTAURANT EQUIPMENT & SUPPLIES.

Principal Place of Business

5025 OKEECHOBEE BLVD.  
WEST PALM BCH. FL 33417

Mailing Address

5025 OKEECHOBEE BLVD  
WEST PALM BCH FL 33415-2859  
US

2. Principal Place of Business

4645 GUN CLUB ROAD

Suite, Apt. #, etc.

# 27-29

3. Mailing Address

4645 GUN CLUB ROAD

Suite, Apt. #, etc.

# 27-29

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33415-2859

Country

PLM BCH

Zip

33415-2859

Country

PALM BCH

4. FEI Number

65-0033569

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STELLINO, FRANK  
1495 SW 13TH COURT  
BOCA RATON FL 33432

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, 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

TITLE **D** ☐ Delete  
NAME **STELLINO, FRANCA**  
STREET ADDRESS **1495 SW 13TH PLACE**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **P** ☐ Delete  
NAME **STELLINO, FRANK**  
STREET ADDRESS **1495 SW 13TH PLACE**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*FRANK STELLINO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90031 036 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

1-24-00 561-684-3066