

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K27822**

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90428 013 ***558.75

1. Entity Name

G.O. RESTAURANT CORP.

Principal Place of Business

Mailing Address

4220 W. IRLO BRONSON MEMORIAL HWY.
MISSIMMEE, FL. 34741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUISA O. CURIEL
2790 NW 4 ST
MIAMI, FL. 33125

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

05-01-00

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	EDWIN H. COLE	
STREET ADDRESS	14738 COLONIAL GRAND BLVD # 2199	
CITY-ST-ZIP	ORLANDO, FL. 32837	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	JOHN C. GEVERS	
STREET ADDRESS	2783 N. ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	KISSIMMEE, FL. 34744	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	LUISA O. CURIEL	
STREET ADDRESS	2790 NW 4 ST	
CITY-ST-ZIP	MIAMI, FL. 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

5-1-00

305-541-3711

CR2E034 (9/99)