

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00919

1. Entity Name

LUCKY DUCK CAFE, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90020 042 ***150.00

Principal Place of Business

Mailing Address

2758 POINCIANA BLVD.
KISSIMMEE FL 34746

P.O. BOX 422168
KISSIMMEE FL 34742-2168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2957680**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MEYERS, STEVEN M P.A..
ONE BISCAYNE TOWER SUITE 3550
TOW S. BISCAYNE BLVD.
MIAMI FL 33131

Name **Meyers, Jared M.**
Street Address (P.O. Box Number is Not Acceptable)
Executive Offices
2791 N Poinciana Blvd.
City **Kissimmee** FL Zip Code **34746**

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 Jared Meyers VP
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-2000

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	SDCB	<input type="checkbox"/> Delete
NAME	MEYERS, HILLEL	
STREET ADDRESS	4875 PINE TREE DR.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	MEYERS, NEIL	
STREET ADDRESS	5001 LAKE CECIL DR.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KAPLUS, ROBERT	
STREET ADDRESS	3235 TOMAHAWK DR.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MEYERS, JARED	
STREET ADDRESS	123 CELEBRATION BLVD	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meyers, Hillel	
STREET ADDRESS	4875 Pine Tree Drive	
CITY-ST-ZIP	Miami Beach FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/SIC/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kaplus, Robert A.	
STREET ADDRESS	3235 Tomahawk Dr.	
CITY-ST-ZIP	Kissimmee FL	
TITLE	DIVP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meyers, Jared M.	
STREET ADDRESS	2791 N. Poinciana Blvd.	
CITY-ST-ZIP	Kissimmee FL 34746	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brank, Rodney	
STREET ADDRESS	2794 N. Poinciana Blvd.	
CITY-ST-ZIP	Kissimmee FL 34746	
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

1-14-2000

Date

(407) 997-5192

Daytime Phone #

CR2E034 (9/99)