

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90242 029 ***150.00

DOCUMENT # L00919

1. Entity Name
LUCKY DUCK CAFE, INC.

Principal Place of Business
2758 POINCIANA BLVD.
KISSIMMEE FL 34746

Mailing Address
P.O. BOX 422168
KISSIMMEE FL 34742-2168

2. Principal Place of Business

3. Mailing Address
2800 N. POINCIANA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
KISSIMMEE FL

Zip

Country

Zip
34746

Country

US

4. FEI Number 59-2957680

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

MEYERS, JARED M
EXECUTIVE OFFICES
2791 N POINCIANA BLVD
KISSIMMEE FL 34746

Name ROBERT KAPLUS
Street Address (P.O. Box Number is Not Acceptable)
2800 N. POINCIANA BLVD
City KISSIMMEE FL 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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

Robert A. Kaplus
(NOTE: Registered Agent signature required when reinstating)

4-20-01
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D MEYERS, HILLEL 4875 PINE TREE DR. MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MEYERS, NEIL 5001 LAKE CECIL DR. KISSIMMEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSCD KAPLUS, ROBERT 3235 TOMAHAWK DR. KISSIMMEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MEYERS, JARED 2791 N POINCIANA BLVD KISSIMMEE FL 34746	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V INFANT, RODNEY 2794 N POINCIANA BLVD KISSIMMEE FL 34746	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD C.B. MEYERS, HILLEL 4875 PINETREE DR MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D.T. KAPLUS, ROBERT A. 8842 ELLIOT'S CT ORLANDO FL 32836	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A
KAPLUS

Date

4/10/01

Daytime Phone #

407-997-5192

CR2E034 (10/00)