

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L66757

1. Entity Name

ROCCO'S CAFE INC.

FILED

Apr 24, 2000 8:00 am  
Secretary of State

04-24-2000 90108 045 \*\*\*158.75

Principal Place of Business

Mailing Address

5688 CYPRESS GARDENS BLVD.  
WINTER HAVEN FL 33884

5688 CYPRESS GARDENS BLVD.  
WINTER HAVEN FL 33884-2272

2. Principal Place of Business

58 4th ST N.W.

3. Mailing Address

58 4th ST. N.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, FL.

City & State

Winter Haven, FL.

4. FEI Number

59-3005349

Applied For

Not Applicable

Zip

33881

Country

POIK

Zip

33881

Country

POIK

5. Certificate of Status Desired

59-331-5774

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTELEONE, ROCCO  
237 E LAKE MCLEOD DR  
WINTER HAVEN FL 33880

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MONTELEONE, ROCCO  
STREET ADDRESS 237 E LAKE MCLEOD DR  
CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Delete

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

TITLE TSD  
NAME MONTELEONE, JOSEPHINE  
STREET ADDRESS 237 E LAKE MCLEOD DR  
CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Delete

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

TITLE VPD  
NAME MONLEONE, CHERYL  
STREET ADDRESS 237 E. LK. MCLEOD DR.  
CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Cheryl A. Monteleone* Cheryl A. Monteleone 4-18-2000 299-2863 (863)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)