

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90231 015 ***150.00

DOCUMENT # L79429

1. Entity Name
FRASCATI'S ITALIAN RESTAURANT & DELI, INC.



Principal Place of Business
**1258 AIRPORT RD. N.
NAPLES FL 34104**

Mailing Address
**1258 AIRPORT RD. N.
NAPLES FL 34104**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0229843**

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

**WHITING, DAVID P
2124 AIRPORT RD S.#101
NAPLES FL 34112**

Name **CORINNE DIEBLER**
Street Address (P.O. Box Number is Not Acceptable)
1258 N. AIRPORT RD
City **NAPLES** FL Zip Code **34104**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Corinne Diebler

1/29/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **CERNIGLIA, CHARLES**
STREET ADDRESS **1723 GALLOWAY CIRCLE**
CITY-ST-ZIP **BARRINGTON IL 60010**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS **1495 VINTAGE LANE**
CITY-ST-ZIP **NAPLES, FL. 34104**

TITLE **VPTS** ☐ Delete
NAME **DIEBLER, CORINNE**
STREET ADDRESS **7763 NAPLES HERITAGE DR**
CITY-ST-ZIP **NAPLES FL 34112**

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

TITLE **TS** ☒ Delete
NAME **DIEBLER, CORINNE**
STREET ADDRESS **7763 NAPLES HERITAGE DRIVE**
CITY-ST-ZIP **NAPLES FL 34112**

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

TITLE **D** ☐ Delete
NAME **CERNIGLIA, CATHERINE**
STREET ADDRESS **1723 GALLOWAY CIRCLE**
CITY-ST-ZIP **BARRINGTON IL 60010**

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

TITLE **D** ☐ Delete
NAME **CERNIGLIA, CHARLES SR.**
STREET ADDRESS **1723 GALLOWAY CIRCLE**
CITY-ST-ZIP **BARRINGTON IL 60016**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Corinne Diebler

1/29/03

238-643-5709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)