

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L91119

1. Entity Name

CHAPTERS BOOKSHOP & CAFE INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90004 012 ***150.00

Principal Place of Business

Mailing Address

717 W. SMITH ST.
ORLANDO FL 32804
US

916 GUERNSEY ST.
ORLANDO FL 32804-6220
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO FL

Zip

Country

Zip

Country

32804

USA

4. FEI Number

59-3021879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUMMINS, JAN
916 GUERNSEY STREET
ORLANDO FL 32804

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

2923 HARRISON AVE

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 ☐ Delete
NAME P
STREET ADDRESS CUMMINS, JAN S.
CITY - ST - ZIP 916 GUERNSEY ST.
ORLANDO FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2923 HARRISON AVE
CITY - ST - ZIP

TITLE ☐ Delete
NAME VT
STREET ADDRESS CUMMINS, WALTER M. JR
CITY - ST - ZIP 916 GUERNSEY ST.
ORLANDO FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2923 HARRISON AVE
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
Date

407 246 1546
Daytime Phone #

CR2E034 (9/99)