

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000966

1. Entity Name

GUIDO'S BAKERY, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 14 PM 1:25

Principal Place of Business

703 SILVER PALM AVENUE
WEST MELBOURNE FL 32901

Mailing Address

703 SILVER PALM AVENUE
WEST MELBOURNE FL 32901

2. Principal Place of Business

Suite, Apt. #, etc.

709 Silver Palm Ave

City & State
Melbourne, FL

Zip
32901

Country

Brevard

3. Mailing Address

761 PEPPER ST NE

Suite, Apt. #, etc.

City & State

Palm Bay, FL

Zip

32907

Country

Brevard

4. FEI Number

593560135

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK

930 S. HARBOR CITY BOULEVARD, SUITE 505
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000003327220-4
-07/19/00-01012-027
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SCHAFER, WENDELIN
STREET ADDRESS 761 PEPPER STREET, N.E.
CITY-ST-ZIP PALM BAY FL 32907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME POKRANDT, GUIDO
STREET ADDRESS 219 ELDON BLVD
CITY-ST-ZIP PALM BAY, FL 32909 ☐ Change ☒ Addition

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

WENDELIN SCHAFER 7/19/00 724-4957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)