

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004936**

1. Entity Name

VINTAGE GOURMET CATERING, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 16 PM 12:44

Principal Place of Business

~~424 ZARAGOZA STREET~~  
PENSACOLA FL ~~32504~~

Mailing Address

~~424 ZARAGOZA STREET~~  
PENSACOLA FL ~~32504-6153~~

2. Principal Place of Business

1827 E Lee St

3. Mailing Address

PO Box 1545

Suite, Apt. #, etc.

Pensacola, FL

Suite, Apt. #, etc.

City & State

Pensacola FL

4. FEI Number

59-3589499

Applied For

Not Applicable

Zip

32503

Country

USA

Zip

32597

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHILL, LAWRENCE C  
25 WEST CEDAR STREET, STE 400  
PENSACOLA FL 32501

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

*L. Schill*

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

(NOTE: Registered Agent signature required when reinstating)

1/31/00

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete  
NAME BARGERON, JANET *Janet Barger*  
STREET ADDRESS 42610 LILLIAN HWY *Seraph*  
CITY-ST-ZIP PENSACOLA FL 1827 E Lee St.

TITLE MGRM ☐ Delete  
NAME SERAFIN, GARY A  
STREET ADDRESS 1827 E. LEE STREET  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME 60000315.1 *126*  
STREET ADDRESS -02/29/00--01031--001  
CITY-ST-ZIP \*\*\*\*\*576.25 \*\*\*\*\*50.00

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

TITLE ☐ Change ☐ Addition  
NAME *mf 2/24/00*  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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:

*Janet Barger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

850-  
1/31/00 432-5047

CR2E083 (9/99)