

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M72474

1. Entity Name

HONEY'S EATS & DRINKS, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90016 028 ***150.00

Principal Place of Business

4564 S SEMORAN BLVD
ORLANDO FL 32822
US

Mailing Address

285 DOUGLAS AVENUE
ALTAMONTE SPRINGS FL 32822-2408
US

2. Principal Place of Business

3. Mailing Address

4564 S Semoran Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando FL

Zip

Country

Zip

Country

32822 USA

4. FEI Number

59-2909862

Applied For

Not Applicable

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

OSBURN, ROBERT
600 ALBERTSON PL
ORLANDO FL 32806

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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
OSBURN, ROBERT
600 ALBERTSON PL
ORLANDO FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPT
KHOSHNOU, FRED
403 SMOKERISE BLVD
LONGWOOD FL

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C. Osburn

Date

Daytime Phone #

4-3-00 407 272-3322

CR2E034 (9/99)