

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005627

1. Entity Name

CELEBRATE ANNA MARIA, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90339 040 ****61.25

0014493

Principal Place of Business

519 PINE AVE.
ANNA MARIA FL 34216

Mailing Address

P.O. BOX 400
ANNA MARIA FL 34216

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1039439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CIMINO, JASON
519 PINE AVE.
ANNA MARIA FL 34216

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

P/S/T/D
NAME
Cimino, Jason
STREET ADDRESS
519 Pine Ave.
CITY-ST-ZIP
Anna Maria, FL 34216 ☐ Change ☒ Addition

V/D
NAME
DeFrank, Richard
STREET ADDRESS
217 Pine Street
CITY-ST-ZIP
Anna Maria, FL 34216 ☐ Change ☒ Addition

D
NAME
Hill, Jay
STREET ADDRESS
304 Hardin Ave.
CITY-ST-ZIP
Anna Maria, FL 34216 ☐ Change ☒ Addition

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

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

NAME
STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

(941) 779-0143

Daytime Phone #

CR2E037 (10/00)