

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007799

1. Entity Name

ANNA MARIA CREAMERY, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90011 019 ***150.00

Principal Place of Business

6425 28TH AVENUE EAST
BRADENTON FL 34208

Mailing Address

6425 28TH AVENUE EAST
BRADENTON FL 34208

2. Principal Place of Business

101 S. BAY BLVD.

3. Mailing Address

P.O. BOX 177

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ANNA MARIA, FL

City & State

ANNA MARIA, FL

Zip

34216

Country

MANATEE

Zip

34216

Country

MANATEE

4. FEI Number

65-0981875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILCOX, DAVID W ESQ.
308 13TH STREET WEST
BRADENTON FL 34205

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

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	WILCOX, DAVID W	
STREET ADDRESS	308 13TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT, TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOIS FINLEY	
STREET ADDRESS	P.O. BOX 177	
CITY-ST-ZIP	ANNA MARIA, FL 34216	
TITLE	VIC- PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORIANN TOOMEY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES TOOMEY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)