

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90215 026 \*\*\*158.75

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**DOCUMENT # P00000007920**

1. Entity Name

**THE COOKIE JAR STORE, INC.**

Principal Place of Business

9066 DIXIANA VILLA CIR.  
TAMPA FL 33635

Mailing Address

9066 DIXIANA VILLA CIR.  
TAMPA FL 33635

2. Principal Place of Business

1370 Meadowlark Rd

3. Mailing Address

1370 Meadowlark Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Spring Hill, FL

City & State

Spring Hill, FL

4. FEI Number

59-3624474

Applied For

Not Applicable

Zip

34608

Country

USA

Zip

34608

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROTHBURD, CRAIG E  
808 W. DE LEON ST.  
TAMPA FL 33606-2722

7. Name and Address of New Registered Agent

Name George Papageorge, Jr.

Street Address (P.O. Box Number is Not Acceptable)

1370 Meadowlark Road

City Spring Hill

FL

Zip Code 34608

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)

X

**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 PTD  
NAME PAPAGEORGE, GEORGE JR  
STREET ADDRESS 9066 DIXIANA VILLA CIR.  
CITY-ST-ZIP TAMPA FL 33635 ☐ Delete

TITLE VS  
NAME PAPAGEORGE, CATHERINE  
STREET ADDRESS 9066 DIXIANA VILLA CIR.  
CITY-ST-ZIP TAMPA FL 33635 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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)