

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90036 032 ***150.00

DOCUMENT # P00000008861

1. Entity Name

THE FLORIDA ENTERTAINMENT & DINING ASSOC. INC.

Principal Place of Business

**118 FAIRWAY DR.
LONGWOOD FL 32779**

Mailing Address

**118 FAIRWAY DR.
LONGWOOD FL 32779**

2. Principal Place of Business

118 FAIRWAY DR
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

Longwood F

City & State

Longwood F

Zip

32779

Country

USA

Zip

32779

Country

USA

4. FEI Number

59-3619909

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NORRIS, EDITH
118 FAIRWAY DR.
LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name **JAMES ADAMCZYK**

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

118 FAIRWAY DRIVE

City

Longwood

FL

Zip Code

32779

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/01

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 checked="" type="checkbox"/> Delete
NAME	ADAMCZYK, DONALD	
STREET ADDRESS	1001 S. 72ND ST.	
CITY-ST-ZIP	WEST ALLIS WI 53214	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADAMCZYK, EILEEN	
STREET ADDRESS	1001 S. 72ND ST.	
CITY-ST-ZIP	WEST ALLIS WI 53214	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT KNOWLES	
STREET ADDRESS	4109 FAIRVIEW WISTA Point #220	
CITY-ST-ZIP	ORLANDO FL. 32804	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES ADAMCZYK	
STREET ADDRESS	118 FAIRWAY DR	
CITY-ST-ZIP	LONGWOOD FLA 32779	
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		
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:

JAMES ADAMCZYK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01
Date

954 232 0782
Daytime Phone #

CR2E034 (10/00)