.2901	"Uniform busi	NESS REPO	RT (UBF	<u>t)</u>	550°	Ç	142
DOCUMENT # P0000068300 1. Ertity Name					FILE	D	V ,
DESTINATIONS CATERING, INC.				V	OLNOV 13 PH	112:47	
Principal Place of Business 333 S TAMANI TR-STE 199 VENDER FL 34285 ELLL 28 Bea Rude Rd SANCASTA FL 34233 2. Principal Place of Business 333 S TAMANI TR. STE 198 VENDER FL 34285 LULI TB SALASTA 3. Malling Address			e Ridge 1	_O S-	SECRETARY OF TALLAHASSES	STATE ELOSID	A
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SP \ \=		
City & State		City & State		14	05 0247	22	Applied For Not Applicable
Zip	Country	Z ip	Country		Certificate of Status Desired	<u> </u>	3 75 Additional e Required
6. Name and Address of Current Registered Agent GORDON, SCOTT E 333 S TAMIAMI TR, STE 199 VENICE FL 34285			Name Street Ad		Name and Address of New Ro	***	0 1
			City		<u>, , , , , , , , , , , , , , , , , , , </u>	FL	Zip Code
SIGNATURE Someware, typood or privated name of registered agent and Sile II applicable. (NOTE: Registered Agent algorithms refreshed when refractable) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so. Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Added to Fees							
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D RAWSON, BRIAN 128 SHADY PINE LN OSPREY FL 34229	DIRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC		703 /010	Change Addition 5
TITLE NAME STREET ADDRESS CITY-ST-ZEP	D RAWSON, ELIZABETH A 128 SHADY PINE LN OSPREY FL 34228	Delete	TIFLE NAME STREET AXDRESS CITY-SY-ZIP				
HAME STREET ADDRESS CITY-ST-ZIP		Déleta	NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change Addition
TITLE NAME STREET ADDRESS CITY-SY-ZIP		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. •		Change Addition
13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cert hit that the information indicated on this report or supplemental report is true and eccurate and that my signature shall have the same legal effect as if made under oath; that I s \(\tau\) 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 is I lock 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: SIGNATURE REQUIRED Sept 9.01							

P VARMARORE VOV - A 0001

MA



Destinations Catering

Fl 34233 Tel 941 371 5011 Fax 941 371 5022

4428 Bee Ridge Road, Sarasota,

October 31, 2001

Division of Corporations 409 East Gains Street Tallahassee FL 32314

Dear Sir/ Madam,

Please find enclosed a business report and check in the sum of \$550.00 This report was orginally mailed out on September 9. 2001, attached to it was an American Express card number, I did not realise that credit cards were only excepted filing on line. I have since contaced your office and they advised me to send in a check and a letter explaining the problem that I had.

I hope this company will be re instated.

Yours sincerely,

Elizabeth A. Rawson Secretary

Encl.

Elizabeth A. Rawson