

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90317 031 ***158.75

DOCUMENT # P00000073703

1. Entity Name

HAMMOND'S GOURMET DELI, INC.

Principal Place of Business

621 SQUIRE CIRCLE #204
NAPLES FL 34104

Mailing Address

621 SQUIRE CIRCLE #204
NAPLES FL 34104

2. Principal Place of Business

13510 TAMiami TRAIL N.

3. Mailing Address

13510 TAMiami TRAIL N.

Suite, Apt. #, etc.

Suite #1

Suite, Apt. #, etc.

Suite #1

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34110

Country

U.S

Zip

34110

Country

U.S

4. FEI Number

39-3666881

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMMOND, DAVID J
621 SQUIRE CIRCLE #204
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name DAVID S HAMMOND

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

72 HERITAGE WAY

City NAPLES

FL

Zip Code 34110

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 PRESIDENT ☐ Delete

NAME DAVID HAMMOND

STREET ADDRESS 72 HERITAGE WAY

CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Delete

NAME CHRISSY HAMMOND / U.P

STREET ADDRESS 72 HERITAGE WAY

CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Delete

NAME TREASURER

NAME JOSEPH SUZYCKI

STREET ADDRESS 6935 CARRISSE CT

CITY-ST-ZIP NAPLES FL 34109

TITLE ☐ Delete

NAME AUDREY HAMMOND

NAME SECRETARY

STREET ADDRESS 1636 A SPAIN BULL LN

CITY-ST-ZIP NAPLES FL 34109

TITLE ☐ Delete

NAME ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

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

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STREET ADDRESS

CITY-ST-ZIP

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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)