

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90122 025 \*\*\*150.00

0036648 AV

**DOCUMENT # P00000088753**

1. Entity Name

**TROPICAL PALM CAFE, INC.**

Principal Place of Business

**754 NEAPOLITAN WAY  
 NAPLES FL 34103**

Mailing Address

**754 NEAPOLITAN WAY  
 NAPLES FL 34103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3667654**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OKUNIEWICZ, JOSEPH B  
 4244 MORNINGSIDE DRIVE  
 NAPLES FL 34103**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **D OKUNIEWICZ, JOSEPH B**  
 STREET ADDRESS **4244 MORNINGSIDE DRIVE**  
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D OKUNIEWICZ, JACQUELINE A**  
 STREET ADDRESS **4244 MORNINGSIDE DRIVE**  
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Joseph B Okuniewicz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-5-01 941-649  
 6333**

Date

Daytime Phone #

CR2E034 (5/01)

7-5-01.

Attachment

#P0000088753

C0073276

TROPICAL PALM CAFE  
754 NEAPOLITAN WAY  
NAPLES, FL 34103

Dear Sirs,

This is the first letter I  
have recieved for this tax bill,  
please accept my check for

~~\$150.00~~ to pay for this

Thankyou.

Laquetine Okuniewicz  
Vice President