

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088779

1. Entity Name

LANTZ GOURMET, INC.

Principal Place of Business

Mailing Address

5220 BONITA BEACH ROAD SUITE 107
BONITA SPRINGS FL 34134

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BONITA SPRINGS FL 34134

2. Principal Place of Business

3. Mailing Address

5220 Bonita Beach Rd.

Suite, Apt. #, etc.

#107

City & State

Bonita Springs FL

Zip

34134

County

Lee

Suite

Suite

City & State

Bonita Springs FL

Zip

34134

Country

USA

4. FEI Number

59-3671225

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

MARANDA, JOHN W
5220 BONITA BEACH ROAD SUITE 107
BONITA SPRINGS FL 34134

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

John W Maranda VP

4/30/01

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 DP
NAME LANTZ, KYLE
STREET ADDRESS 5220 BONITA BEACH ROAD SUITE 107
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE DVS
NAME MARANDA, JOHN W
STREET ADDRESS 5220 BONITA BEACH ROAD SUITE 107
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ 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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

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

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

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:

John W Maranda

DATE

Daytime Phone #

4/30/01 941 992-7462

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90027 013 ***150.00



DO NOT WRITE IN THIS SPACE

0400207

CR2E034 (10/00)