

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**  
 04-06-2001 90041 015 \*\*\*150.00

001200

**DOCUMENT # P00000107612**

1. Entity Name  
**ANGIE'S DOWNTOWN DELI, INC.**

Principal Place of Business  
**1402 RENSSELAER AVENUE  
 JACKSONVILLE FL 32205**

Mailing Address  
**1402 RENSSELAER AVENUE  
 JACKSONVILLE FL 32205**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1300 Riverplace Blvd**  
 Suite, Apt. #, etc.  
**Suite 107**

3. Mailing Address  
**1402 Rensselaer Ave**  
 Suite, Apt. #, etc.

City & State  
**JAX, FL**

City & State  
**JAX, FL**

4. FEI Number  
**59-3683256**

Applied For  
 Not Applicable

Zip  
**32207** Country  
**USA**

Zip  
**32205** Country  
**USA**

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

**SANTORO, THOMAS C  
 1700 WELLS ROAD  
 SUITE 5  
 ORANGE PARK FL 32073**

Name  
**ANGIE'S DOWNTOWN DELI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1402 Rensselaer Ave**  
 City  
**JAX** FL Zip Code  
**32205**

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 **Angie Hooser President**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4/4/01**  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PTD**  
 NAME  
**HOOSER, ANGIE**  
 STREET ADDRESS  
**1402 RENSSELAER AVENUE**  
 CITY-ST-ZIP  
**JACKSONVILLE FL 32205**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
**VD**  
 NAME  
**WHITAKER, BILLY K SR.**  
 STREET ADDRESS  
**3917 JEAN STREET**  
 CITY-ST-ZIP  
**JACKSONVILLE FL 32205**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
**SD**  
 NAME  
**WHITAKER, COLLETTA G**  
 STREET ADDRESS  
**3917 JEAN STREET**  
 CITY-ST-ZIP  
**JACKSONVILLE FL 32205**

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 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: **Angie Hooser**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**904-399-1599**  
 Date Daytime Phone #

CR2E034 (10/00)