

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90076 049 \*\*\*150.00

0045800 AV

**DOCUMENT # P01000105793**

1. Entity Name

ST. GEORGE ISLAND GOURMET, INC.

Principal Place of Business

556 W BAYSHORE DR  
 ST GEORGE ISLAND FL 32328

Mailing Address

556 W BAYSHORE DR  
 ST GEORGE ISLAND FL 32328

2. Principal Place of Business

235 W Gulf Beach Dr

3. Mailing Address

235 W Gulf Beach Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State

St. George Island FL

City & State

St. George Island, FL

4. FEI Number

59-3752877

Applied For

Not Applicable

Zip

32328

Country

US

Zip

32328

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, MARK W  
 48 AVENUE D  
 APALACHICOLA FL 32320

7. Name and Address of New Registered Agent

Name KATIE T THORNHILL  
 Street Address (P.O. Box Number is Not Acceptable) 235 W Gulf Beach Dr  
 City St. George Island FL Zip Code 32328

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 Katie Thornhill

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-8-02

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, 2002 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  
 NAME KATIE T THORNHILL  
 STREET ADDRESS 235 W Gulf Beach Dr  
 CITY-ST-ZIP St. George Island FL 32328 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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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: Katie Thornhill KATIE THORNHILL 2-8-02 927-4888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)