

# 2002 UNIFORM BUSINESS REPORT (UBR)

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 235 W Gulf Beach Dr

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State  
St. George Island, FL

Zip 32328 Country US Zip 32328 Country US

6. Name and Address of Current Registered Agent

FRIEDMAN, MARK W  
48 AVENUE D  
APALACHICOLA FL 32320

4. FEI Number

59-3752877

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

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

Katzie Thornhill

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-8-02

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

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	KATIE T THORNHILL 235 W Gulf Beach Dr St. George Island FL 32328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 T THORNHILL

850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

008400  
AV