

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001695

1. Entity Name

STEWART'S CATERING COMPANY

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90024 038 ***150.00

Principal Place of Business

Mailing Address

2106 N.W. 67TH PLACE
STE. 3
GAINESVILLE FL 32653
US

2106 N.W. 67TH PLACE
STE. 3
GAINESVILLE FL 32653-1658

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3215228

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STEWART, HARRY E
2106 N.W. 67TH PLACE
STE. 3
GAINESVILLE FL 32606

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 \$150.00
After MAY 1, 2000 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	P	<input type="checkbox"/> Delete
NAME	STEWART, HARRY E	
STREET ADDRESS	15312 N.W. 31 TERR.	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEWART, ARLENE	
STREET ADDRESS	15312 N.W. 31 TERR.	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	M	<input type="checkbox"/> Delete
NAME	HUDSON, KIMBERLY S	
STREET ADDRESS	12603 N.E. 204 TERR.	
CITY-ST-ZIP	WALDO FL 32694	
TITLE	M	<input type="checkbox"/> Delete
NAME	HUDSON, WILLIAM R	
STREET ADDRESS	12603 N.E. 204 TERR.	
CITY-ST-ZIP	WALDO FL 32694	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	N	<input type="checkbox"/> Delete
NAME	STEWART, HARRY E	
STREET ADDRESS	2106 N.W. 67TH PLACE	
CITY-ST-ZIP	STE. 3 GAINESVILLE FL 32653	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/00

352 371 9079

CR2E034 (9/99)