

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90005 017 \*\*\*150.00

**DOCUMENT # P94000031315**

1. Entity Name  
**PRO-CHEF, INC.**

Principal Place of Business  
**133 AVE E HW 98**  
**APALACHICOLA FL 32320**

Mailing Address  
**POST OFFICE BOX 154**  
**APALACHICOLA FL 32329**  
**99 11TH ST**

2. Principal Place of Business  
**99 11TH ST**

3. Mailing Address  
**99 11TH ST**

Suite, Apt. #, etc.

City & State  
**APALACHICOLA, FL**

City & State  
**APALACHICOLA FL**

Zip  
**32320**

Country  
**FRANKLIN**

Zip  
**32320**

Country  
**FRANKLIN**

4. FEI Number  
**59-3237734**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CASS, ED**  
**133 AVE E**  
**HW 98**  
**APALACHICOLA FL 32320**

7. Name and Address of New Registered Agent

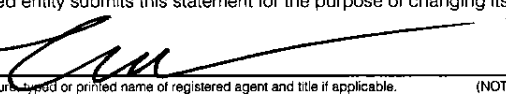
Name  
**CASS, ED**

Street Address (P.O. Box Number is Not Acceptable)  
**99 11TH STREET**

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  DATE **7/19/01**

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

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	DP CASS, ED 29 5TH STREET APALACHICOLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CASS, BETTYE 29 5TH STREET APALACHICOLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:  **REQUIRED** DATE **July 19, 01** 850-653-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034 (5/01)

Chef Eddie's Magnolia Grill  
99 11th Street  
Apalachicola, FL 32320 Attachments

A0079384

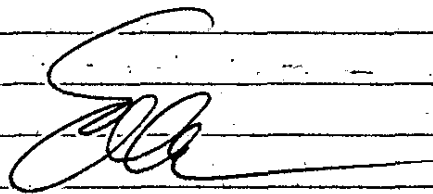
7-19-01  
Dear Sir:

#PAY000031315

We are sending this form with a new check. This is the third attempt we have made to get this matter settled.

On the first attempt we had our business address changed and did not get notification. We sent a letter of explanation and a check. However, in this letter by mistake we had also enclosed an employee's payroll check. Underneath the employee check was the check for \$150.00. We then sent back the form with the one check and you never received it.

We ask you please to consider waiving the late fees and accept this check for \$150.00 to keep our corporation current and in good standing.



CHEF EDDIE