## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jan 30, 2002 8:00 am Secretary of State P94000039305 DOCUMENT # 1. Entity Name 01-30-2002 90096 021 \*\*\*150.00 CABANA CAFE, INC. Principal Place of Business Mailing Address 2378 HWY 98 EAST P. O. BOX 99 DESTIN FL 32541 **DESTIN FL 32540-0099** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3292901 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent John Hammond Comer KRANZ, THOMAS E Street Address (P.O. Box Number is Not Acceptable) 1241-AIRPORT ROAD Scenic Hwy 98E DESTIN FL 32541 3254 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. John Hammond /Vice President Signature, typed or printed name of registered agent and title if applicable. (NOTE: egistered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 vice president TITLE CR2E034 (9/01 TITLE Delete John Hammond KRANZ\_THOMAS E NAME NAME 1751 Scenic Hwy 98E STREET ADDRESS STREET ADDRESS 1241 AIRPORT ROAD CITY-ST-ZIP <del>Destin FL 3254</del>1 CITY-ST-7IP Destin, FL. 32541 DIRECTOR **Addition** ☐ Change TITLE ☐ Delete TITLE Bobby R. Newman 890 Finezillas Bayway NAME COBB, HENRY H. JR. NAME STREET ADDRESS STREET ADDRESS **30 CROSS CREEK PARK** CITY-ST-ZIP BIRMINGHAM AL CITY-ST-7IP Ticana Vende, FL 33715 ☐ Change Addition TITLE Delete TITLE LARRY Y. Anchors NAME MEYER, MICHAEL P. NAME 970 Gulf shake drive STREET ADDRESS STREET ADDRESS 101 ELLIS ROAD CITY-ST-7IP CITY-ST-ZIP Destin FL 32541 destin fl Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

changed, or on an attachment with an address, with all other like empowered. John Hammond Comer/Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

(850)837 - 1637