

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000056228

1. Entity Name

JILLIAN'S CAFE, INC.

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90039 021 ***550.00

Principal Place of Business

260-264 SOLANO ROAD
 PONTE VEDRA BEACH FL 32082

Mailing Address

260-264 SOLANO ROAD
 PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

226-1 SOLANO ROAD

3. Mailing Address

226-1 SOLANO RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PONTE VEDRA BCH, FL

City & State

PONTE VEDRA BCH, FL

Zip

32082

Country

USA

Zip

32082

Country

USA

4. FEI Number

59-3256184

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WALBURN, JAMES K
 200 EXECUTIVE WAY
 PONTE VEDRA BCH FL 32082

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 ☐ Delete
 NAME D
 STREET ADDRESS GUSTAFSON, JILL A
 CITY-ST-ZIP 260-264 SOLANO ROAD
 PONTE VEDRA BEACH FL 32082

TITLE ☐ Delete
 NAME VP
 STREET ADDRESS CAKMIS, JOHN P
 CITY-ST-ZIP 508 PHEASANT RUN
 PONTE VEDRA BEACH FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 #

9-6-00

904-280-8999

CR2E034 (5/00)