

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State
 05-09-2000 90032 023 ***150.00

DOCUMENT # P94000067090

1. Entity Name

J.C.'S FOOD SERVICE MANAGEMENT AND CONCESSIONS,

Principal Place of Business

~~2201 N.W. 9TH AVENUE~~
~~FT. LAUDERDALE FL 33311~~
 US

Mailing Address

7628 TRENTON DRIVE
 LAKE WORTH FL 33467-7508
 US

2. Principal Place of Business

300 S. Military Trail

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

4. FEI Number

65-0546850

Applied For

Not Applicable

Zip

33486

Country

Palm Bch

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

MINERLEY, KENNETH L ESQ.
980 N. FEDERAL HIGHWAY, SUITE 205
BOCA RATON FL 33432

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 **D** ☐ Delete
 NAME **TOMASSO, KAREN**
 STREET ADDRESS **7628 TRENTON DRIVE**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

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

TITLE **PVST** ☐ Delete
 NAME **TOMASSO, KAREN M**
 STREET ADDRESS **7628 TRENTON DRIVE**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

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

TITLE ☐ Delete
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 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:

Karen Tomasso
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00

561.969.6945

CR2E034 (9/99)