

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000073748

1. Entity Name

CAFE THIRTY-A, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90097 046 ***150.00

Principal Place of Business

Mailing Address

3899 E. CO. HWY 30-A
SEAGROVE BEACH FL 32459
US

3899 E. CO. HWY 30-A
SEAGROVE BEACH FL 32459-6454
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3275122

Applied For

Not Applicable

5. Certificate of Status Desired ☐ Fee Required

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, HARRIET C
3692 E. COUNTY HWY 30-A
UNIT 1
SEAGROVE BEACH FL 32459

*CHANGE OF
ADDRESS*

Name

HARRIET CROMMELIN ROBERTS

Street Address (P.O. Box Number is Not Acceptable)

44 SEAWATCH DR

City

SEAGROVE BEACH

FL

Zip Code

32459

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	ROBERTS, HARRIET C	
STREET ADDRESS	44 SEAWATCH DR	
CITY-ST-ZIP	SEAGROVE BEACH FL 32459	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

HARRIET CROMMELIN ROBERTS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/00
Date

850/231-2166
Daytime Phone #

CR2E034 (9/99)