## **2000 UNIFORM BUSINESS REPORT (UBR)** FILED Feb 05, 2000 8:00 am Secretary of State DOCUMENT # P94000093745 1. Entity Name BRADENTON BEACH PIER CAFE, INC. 02-05-2000 90033 022 \*\*\*150.00 Principal Place of Business Mailing Address 200 BRIDGE STREET 200 BRIDGE STREET **BRADENTON BEACH FL 34217** BRADENTON BEACH FL 34217-2475 DUBLIBUIL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FE! Number 65-0546626 Not Applied to Country \$8.75 Additional -5.- Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEIER, GEORGIA C Street Address (P.O. Box Number is Not Acceptable) 200 BRIDGE STREET **BRADENTON BEACH FL 34217** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. **VPD** \_\_\_\_\_\_ TITLE ☐ Delete TITLE BARTIZAL, FRED J NAME STREET ADDRESS 1370 S. COMMERCIAL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEENAH WI** Addition ☐ Delete TITLE TITLE MBIER, GEORGIA MCKEE, GEORGIA MEIER NAME NAME 533 1- 87TH STI W. STREET ADDRESS 303 BAY DR NO. UNIT 2 STREET ADDRESS CITY-ST-ZIP\_ CITY-ST-ZIP. BRADENTON BEACH FL-BRADENTON, PL 34210 TITLE ☐ Delete TITI E Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE SIGNATURES OF PRINTED NAME OF S

NAME

STREET ADDRESS

Georgia Maier

(941)779-1706

Daytime Phone