

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019492

1. Entity Name

GASTRONOMIA ITALIAN MARKET, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90020 006 ***150.00

Principal Place of Business

Mailing Address

7119 S TAMiami TrL
SARASOTA FL 34231
US

7590 COMMERCE CT
SARASOTA FL 34243-3217
US

2. Principal Place of Business

3. Mailing Address

6392 N. Lockwood Ridge Rd.

1009 Tallevast Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34243

Country

U.S.

Zip

34243

Country

U.S.

4. FEI Number

65-0584402

Applied For

Not Applicable

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

BERGER, DAVID W
7590 COMMERCE CT
SARASOTA FL 34243

Name

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

1009 Tallevast Rd.

City

Sarasota

FL

Zip Code

34243

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	BERGER, DAVID W	
STREET ADDRESS	1310 HILLVIEW DR	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	LOGAN, SAMUEL C	
STREET ADDRESS	1400 QUAIL DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LUONGE, GUISEPPE	
STREET ADDRESS	4418 74TH AVE E	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Leina Weaver	
STREET ADDRESS	2184 Rose St.	
CITY-ST-ZIP	Sarasota, FL 34239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

Date

941-351-1600

Daytime Phone #

CR2E034 (9/99)