

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000066272

1. Entity Name

CNB CAMIRE, INC.

DBA - The melting POT RESTAURANT

Principal Place of Business

Mailing Address

300 SE 17TH ST 10 S. MAGNOLIA AVE 300 SE 17TH ST 829 N.E. 12TH AVE
#300 #300
OCALA FL 34471 Ocala, FL 34474 Ocala FL 34471 Ocala, FL 34470
US U.S. US

2. Principal Place of Business

3. Mailing Address

10 S. MAGNOLIA AVE 829 N.E. 12TH AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
OCALA, FL 34474 Ocala FL

City & State

City & State

4. FEI Number 59-3336404

Applied For

Not Applicable

Zip
34474

Country
US

Zip
34470

Country
US

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

CAMIRE, NELSON P JR.
829 N.E. 12TH AVENUE
OCALA FL 34470

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 (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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAMIRE, NELSON P JR.
829 N.E. 12TH AVENUE
OCALA FL 34470 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAMIRE, JILL C
829 N.E. 12TH AVENUE
OCALA FL 34470 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90103 035 ***150.00

A0051517



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)

4/5/01

(352) 622-4968