

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077039

1. Entity Name

CAROLINE OF AMERICA, INC.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90158 007 \*\*\*150.00

Principal Place of Business

7345 SAND LAKE RD.  
315  
ORLANDO FL 32819  
US

Mailing Address

7345 SAND LAKE RD.  
315  
ORLANDO FL 32819  
US

REVISED



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7345 Sand Lake Rd

3. Mailing Address

PO BOX 770729

Suite, Apt. #, etc.

# 315

Suite, Apt. #, etc.

City & State  
ORLANDO, FLORIDA

City & State  
ORLANDO, FLORIDA

4. FEI Number

65-0613444

Applied For

Not Applicable

Zip

32819

Country

USA

Zip

32877

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRYANT, BERWARD  
847 NW 119 ST  
#205  
MIAMI FL 33168

7. Name and Address of New Registered Agent

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, 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
PAPADAKIS, ANTONIO  
7345 SANDLAKE RD. #215  
ORLANDO FL 32819

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22001

407-8105454

CR2E034 (10/00)