

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079844

1. Entity Name

HOLIDAY CAFE, INC.

Principal Place of Business

6229 TOWER RD
LANDO LAKES P 34639

Mailing Address

PO BOX 1439
LANDO LAKES P 34639-1439

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WINKLER, BERNARD
~~25533 OAKS BLVD~~
LAND O LAKES FL 34639

7. Name and Address of New Registered Agent

Name

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

6229 TOWER RD

City

LAND O' LAKES

FL

Zip Code

34639

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

TITLE P
NAME WINKLER, BERNARD
STREET ADDRESS 25533 OAKS BOULEVARD
CITY-ST-ZIP LAND O'LAKES FL 34639 ☐ Delete

TITLE V
NAME JAMES O'BRIEN
STREET ADDRESS 6909 QUAIL HOLLOW BLVD
CITY-ST-ZIP LAND O'LAKES FL 33543 ☐ Delete

TITLE ST
NAME LYNN WINKLER
STREET ADDRESS 25533 OAKS BLVD
CITY-ST-ZIP LAND O'LAKES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 6229 TOWER RD
CITY-ST-ZIP LAND O' LAKES, FL 34639 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 7515 OZCOTT DR
CITY-ST-ZIP WESLEY CHAPEL FL 33544 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 6229 TOWER RD
CITY-ST-ZIP LAND O LAKES, FL 34639 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
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
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90040 017 ***150.00

00020034



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3339724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

C-12: 034 (9/99)