

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91169 049 \*\*\*150.00

**DOCUMENT #** P95000086649

**1. Entity Name**

CAFE KALDI WHOLESALE, INC.

**Principal Place of Business**

1352 Manhattan Ave.  
 Sarasota, FL 34237

**Mailing Address**

5320 Angeles Ave.  
 Sarasota, FL 34235-3406

771252

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

1352 Manhattan Ave

SARASOTA FLORIDA

34237

U-S-A

**4. FEI Number**

65-0648085

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

Womeldorph, Howard R.Jr.  
 6481 Parkland Dr.  
 Sarasota, FL 34243

Name

Womeldorph, Howard R., Jr.

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

7648 Lockwood Ridge 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

4/19/01

**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	D	<input type="checkbox"/> Delete
NAME	Keesecker, Chris	
STREET ADDRESS	5320 Angeles Ave.	
CITY-ST-ZIP	Sarasota, FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 the 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; 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:**

*Chris Keesecker*  
 Chris Keesecker

4/19/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)