

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027129

1. Entity Name

CAPTAIN BELL'S SEAFOOD OF JACKSONVILLE, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90089 006 ***150.00

Principal Place of Business

Mailing Address

C/O DAN R. FELLOWS
2483 BENTRIDGE COURT
ORANGE PARK FL 32065

C/O DAN R. FELLOWS
2483 BENTRIDGE COURT
ORANGE PARK FL 32065

2. Principal Place of Business

3. Mailing Address

4417 Beach Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 104, Broward Bldg.

City & State

City & State

Jacksonville, FL

4. FEI Number

59-3371678

Applied For

Not Applicable

Zip

Country

Zip

32207

Country

USA

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

ROTHSTEIN, SIMON D ESQ
4417 BEACH BOULEVARD #104
JACKSONVILLE FL 32207

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, 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 ☐ Delete

NAME PD
BELL, ROLAND R
STREET ADDRESS 2483 BENTRIDGE COURT
CITY-ST-ZIP ORANGE PARK FL 32065

TITLE ☐ Delete

NAME VTD
GENTILE, LAWRENCE III
STREET ADDRESS 2483 BENTRIDGE COURT
CITY-ST-ZIP ORANGE PARK FL 32065

TITLE ☐ Delete

NAME SD
BELL, KATHY L
STREET ADDRESS 2483 BENTRIDGE COURT
CITY-ST-ZIP ORANGE PARK FL 32065

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/4/00

(904) 215-5316

Date

Daytime Phone #

CR2F034 (9/00)