

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033600

1. Entity Name  
Caribbean Feeding Tree Restaurant, Inc

APPROVED  
AND  
FILED

00 DEC 29 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

5045 Silver Star Rd  
Orlando Fl. 32808

2. Principal Place of Business

3. Mailing Address

5045 Silver Star Rd  
Suite, Apt. #, etc.

5045 Silver Star Rd  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3370096

Applied For

Not Applicable

Zip

32808

Country

Orange

Zip

32808

Country

Orange

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

Victor, Richardson  
4519 Towerpine Rd  
Orlando FL 32808

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 WITHIN 12 MONTHS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice P & Treasure  
Johanna Jones  
4519 Towerpine Rd  
Orlando FL 32839

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Victor, Richardson  
4519 Towerpine Rd  
Orlando, FL 32839

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STREET ADDRESS  
CITY-ST-ZIP

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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 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

Jones

12/29/00

Date

4076489642

Daytime Phone #

CR2E034 (9/99)

KE