

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90990 026 ***150.00

DOCUMENT # **P9600003459V**

1. Entity Name

CLEMATIS BISTRO CORPORATION

Principal Place of Business

Mailing Address

**225 CLEMATIS ST.
WEST PALM BEACH FL
33401**

**C/O SEE RESTAURANT GROUP
120 So. OLIVE AVE #501
WEST PALM BEACH FL
33401-5534**

2. Principal Place of Business

225 CLEMATIS ST

3. Mailing Address

**C/O SEE RESTAURANT
120 So OLIVE AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

501

DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH

City & State

WEST PALM BEACH

4. FEI Number

65-0675648

Applied For

Not Applicable

Zip

33401

Country

FL

Zip

33401-5534

Country

FL

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VISCONTI, GERALD
222 CLEMATIS ST #202
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

**NAME: VIGONE, ANTHONY
Street Address (P.O. Box Number is Not Acceptable)
C/O SEE RESTAURANT GROUP
120 So. OLIVE AVE. #501
City: WEST PALM BEACH FL Zip Code: 33401-5534**

I, the undersigned, hereby submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **DRISCOLL, Dale** ☐ Delete
NAME: **DRISCOLL, Dale**
STREET ADDRESS: **222 CLEMATIS ST**
CITY-ST-ZIP: **WPB FL 33401**

TITLE: **120 So. olive Ave #501** ☒ Change ☐ Addition
NAME: **WPB. FL 33401-5534**
STREET ADDRESS: **WPB. FL 33401-5534**
CITY-ST-ZIP: **WPB. FL 33401-5534**

TITLE: **VISCONTI, GERALD** ☒ Delete
NAME: **VISCONTI, GERALD**
STREET ADDRESS: **222 CLEMATIS ST**
CITY-ST-ZIP: **WPB FL 33401**

TITLE: **PRESIDENT** ☐ Change ☒ Addition
NAME: **VIGONE, ANTHONY**
STREET ADDRESS: **120 So. OLIVE AVE #501**
CITY-ST-ZIP: **WPB FL 33401-5534**

TITLE: **HOLLAND, VINCENT** ☐ Delete
NAME: **HOLLAND, VINCENT**
STREET ADDRESS: **222 CLEMATIS ST**
CITY-ST-ZIP: **WPB FL 33401**

TITLE: **120 So. OLIVE AVE #501** ☒ Change ☐ Addition
NAME: **WPB FL 33401-5534**
STREET ADDRESS: **WPB FL 33401-5534**
CITY-ST-ZIP: **WPB FL 33401-5534**

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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 applicable, or on an attachment with an address, with all other like empowered.

RE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)