

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043328

1. Entity Name

GENERAL TAVERN CORP.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90071 037 ***150.00

Principal Place of Business

224 CLEMATIS ST
WEST PALM BEACH FL 33401

Mailing Address

222 CLEMATIS ST
SUITE 204
WEST PALM BEACH FL 33401-5540
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0677801

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HERBST, TODD
8203 GLENMOOR DR
WEST PALM BEACH FL 33409

Name

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

222 CLEMATIS STREET SUITE 204

City

WPB

FL

Zip Code

33401

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	DV	<input type="checkbox"/> Delete
NAME	HERBST, TODD	
STREET ADDRESS	8203 GLENMOOR DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HERBST, DOUGLAS	
STREET ADDRESS	900 COLLIER CT	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WATSON, WILLIAM	
STREET ADDRESS	20304 GLENMOOR DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ELLSWORTH, GARY	
STREET ADDRESS	900 COLLIER CT	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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 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

3-1-00 561659-1940

Date

Daytime Phone #

CR2E034 (9/99)