

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049351

1. Entity Name

GOURMET QUARTERS, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90087 011 \*\*\*150.00

Principal Place of Business

Mailing Address

2801 LEPRECHAUN LANE  
PALM HARBOR FL 34683

35246 U.S. 19 N.  
#222  
PALM HARBOR FL 34684

2. Principal Place of Business

2801 Leprechaun Ln.

3. Mailing Address

35246 US 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 222

City & State

Palm Harbor Fl.

City & State

Palm Harbor Fl

Zip

34683

Country

USA

Zip

34683

Country

USA

4. FEI Number

59-3384051

Applied For

Not Applicable

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

DALY, SUSAN W  
2801 LEPRECHAUN LANE  
PALM HARBOR FL 34683

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	P	<input type="checkbox"/> Delete
NAME	DALY, SUSAN W	
STREET ADDRESS	2801 LEPRECHAUN LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MEYER, STACEY	
STREET ADDRESS	3201 CUSTER DR	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HALL, SANDY	
STREET ADDRESS	630 LAKE HOLLOWAY BLVD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	BMO	<input checked="" type="checkbox"/> Delete
NAME	SITTMAN, STEPHANIE	
STREET ADDRESS	228 BROOKSIDE CT	
CITY-ST-ZIP	PALM HARBOR FL 34683	
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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NAME		
STREET ADDRESS		
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:

*Susan W. Daly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 13, 2000 727.787-0924  
Date Daytime Phone #