

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052389

1. Entity Name
FIRST CITY CURTIN-CALLS INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90040 012 ***158.75

Principal Place of Business Mailing Address
KING STREET 121 KING STREET
AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084-4320



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
121 KING ST 121 KING ST.
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
ST. AUGUSTINE, FL ST. AUGUSTINE, FL
Zip Country Zip Country
32084 ST. JOHN'S 32084 ST. JOHN'S

4. FEI Number 59-3397242 Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
CALL, HEATHER E
121 KING STREET
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent
Name
GIGGLING GATOR PUB & GRUB
Street Address (P.O. Box Number is Not Acceptable)
121 KING STREET
City ST. AUGUSTINE FL Zip Code 32084

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 *Heather E. Call* DATE 2-2-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALL, HEATHER E		NAME		
STREET ADDRESS	121 KING STREET		STREET ADDRESS		
CITY - ST - ZIP	ST. AUGUSTINE FL 32084		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIN, DON		NAME		
STREET ADDRESS	121 KING STREET		STREET ADDRESS		
CITY - ST - ZIP	ST. AUGUSTINE FL 32084		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: *Heather E. Call* DATE 2-2-00 DAYTIME PHONE # 904 824 0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)