

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052389

1. Entity Name
FIRST CITY CURTIN-CALLS INC.

Principal Place of Business

**121 KING STREET
ST. AUGUSTINE FL 32084**

Mailing Address

**121 KING STREET
ST. AUGUSTINE FL 32084**

2. Principal Place of Business

121 KING ST.

3. Mailing Address

121 KING ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST. AUGUSTINE, FL

City & State
ST. AUGUSTINE, FL

4. FEI Number **59-3397242**

Applied For
Not Applicable

Zip
32084

Country
USA

Zip
32084

Country
USA

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

**GIGGLING GATOR PUB & GRUB
121 KING STREET
ST. AUGUSTINE FL 32084**

Name
GIGGLING GATOR PUB & GRUB

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

City
ST. AUGUSTINE FL Zip
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 **HEATHER E. CALL**

4-17-01

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CALL, HEATHER E
121 KING STREET
ST. AUGUSTINE FL 32084

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CURTIN, DON
121 KING STREET
ST. AUGUSTINE FL 32084

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

TITLE
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☐ 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Heather E. Call **HEATHER E. CALL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)