

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055212

1. Entity Name

GOURMET BAGEL AND COFFEE, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90108 018 ***150.00

Principal Place of Business

Mailing Address

8989 59TH ST. N.
PINELLAS PARK FL 34666

8989 59TH ST. N.
PINELLAS PARK FL 33782-4934

2. Principal Place of Business

5685 Park St. N.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. Pete Fl.

City & State

ST. Pete Fl.

4. FEI Number

59-3425542

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

CLARKE, BRYAN
8989 59TH ST. N.
PINELLAS PARK FL 34666

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 PS
NAME CLARKE, BRYAN
STREET ADDRESS 8989 59TH ST N
CITY-ST-ZIP PINELLAS PARK FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPT
NAME FITZPATRICK, MICHAEL T
STREET ADDRESS 61 JOHN EWER RD
CITY-ST-ZIP SANDWICH MA

☐ Delete

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/00 727-5442567

CR2E034 (9/99)