

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90053 007 ***150.00

DOCUMENT # **P96000055854**
 1. Entity Name
The Italian Pantry, Inc.

Principal Place of Business Mailing Address
4199 MARINE BLVD 6096 KINLOCK AVE
SP. HILL, FL 34609 SP. HILL, FL 34608

2. Principal Place of Business 3. Mailing Address
4199 MARINE BLVD 6096 KINLOCK AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Spring Hill Spring Hill
 City & State City & State
FLORIDA FLORIDA
 Zip Country Zip Country
34609 FLORIDA 34608 FLORIDA

B0033544

DO NOT WRITE IN THIS SPACE

4. FEI Number **593 39 6884** 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

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

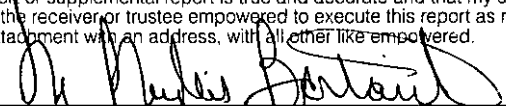
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME BARBARITE, M. PHYLLIS	
STREET ADDRESS		STREET ADDRESS 6096 KINLOCK AVE	
CITY-ST-ZIP		CITY-ST-ZIP SP. HILL, FL 34608-1257	
TITLE	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME REPICA, CHRISTA M	
STREET ADDRESS		STREET ADDRESS 58-19 LAWRENCE ST	
CITY-ST-ZIP		CITY-ST-ZIP FLUSHING, N.Y. 11355	
TITLE	<input type="checkbox"/> Delete	TITLE ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME BARBARITE, M. PHYLLIS	
STREET ADDRESS		STREET ADDRESS 6096 KINLOCK AVE	
CITY-ST-ZIP		CITY-ST-ZIP SP. HILL, FL 34608-1257	
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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	

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

2-28-00 **352**
 Date Daytime Phone # **686 8797**

CR2E034 (9/99)