

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059476

1. Entity Name

NICOLE ST. PIERRE RESTAURANT, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90014 031 ***150.00

Principal Place of Business

1300 S. ORLANDO AVE
MAITLAND FL 32751
US

Mailing Address

1300 S. ORLANDO AVE
MAITLAND FL 32751-0415
US

2. Principal Place of Business

3. Mailing Address

1826 WALKER AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WINTER PARK

4. FEI Number

59-3390718

Applied For

Not Applicable

Zip

Country

Zip

Country

32789

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

VOGELBACHER, GEORGE
1826 WALKER AVENUE
WINTER PARK FL 32789

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

TITLE ☐ Delete
NAME D
STREET ADDRESS VOGELBACHER, NICOLE
CITY-ST-ZIP 1826 WALKER AVENUE
WINTER PARK FL 32789

TITLE ☐ Delete
NAME D
STREET ADDRESS VOGELBACHER, PIERRE
CITY-ST-ZIP 1826 WALKER AVENUE
WINTER PARK FL 32789

TITLE ☐ Delete
NAME D
STREET ADDRESS VOGELBACHER, GEORGE
CITY-ST-ZIP 1826 WALKER AVENUE
WINTER PARK FL 32789

TITLE ☐ Delete
NAME D
STREET ADDRESS VOGELBACHER, MONIQUE
CITY-ST-ZIP 1826 WALKER AVENUE
WINTER PARK FL 32789

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MONIQUE VOGELBACHER

Date

Daytime Phone #