

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000066180**

1. Entity Name

A BEARY GOOD CATERER INC.

Principal Place of Business

Mailing Address

**4055 ESPANADE WAY
TALLAHASSEE, FL 32311**

2. Principal Place of Business

4055 ESPANADE WAY

3. Mailing Address

6351 SINKOLE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL.

City & State

TALLAHASSEE

Zip

Country

Zip

Country

32311

US

32312

US

4. FEI Number

65-0722539

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, 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

TITLE **Jesse A. JAMES** ☐ Delete
NAME
STREET ADDRESS **6351 SINKOLE DR.**
CITY-ST-ZIP **Tallahassee FL. 32312**

TITLE **Valerie Kathanon James** ☐ Delete
NAME
STREET ADDRESS **6351 SINKOLE DR.**
CITY-ST-ZIP **Tallahassee FL. 32312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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

4-28-01

Date

Daytime Phone #

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90374 015 ***150.00

00055886

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)