

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**  
 05-11-2000 90324 003 \*\*\*158.75

**DOCUMENT # P97000014966**

1. Entity Name  
**RONNIE PORTER'S CAESAR, INC.**

Principal Place of Business  
**RONNIE PORTER CAESAR INC.**  
**710 ALOHA AVENUE**  
**COCOA FL 32927**  
**US**

Mailing Address  
**6065 WILDERNESS AVENUE**  
**COCOA FL 32927-3803**  
**US**

2. Principal Place of Business  
**4112 North U.S. Hwy 1**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4112 North U.S. Hwy 1**  
 Suite, Apt. #, etc.

City & State  
**Cocoa Florida**

City & State  
**Cocoa Florida**

Zip  
**32927**

Country

Zip  
**32927**

Country

4. FEI Number **59-3433706**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RONNIE PORTER CAESAR, INC.**  
**6065 WILDERNESS AVENUE**  
**COCOA FL 32927**

7. Name and Address of New Registered Agent  
 Name **Ronnie Porter**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6065 Wilderness Ave.**  
 City **Cocoa** FL Zip Code **32927**

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 **RONALD E PORTER** **Ronald E Porter Pres. 4-27-00**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>ST BUTLER, ANGELA D 6445 W. BAKER CIRCLE COCOA FL 32927</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST PORTER, RONALD E 6065 WILDERNESS AVENUE COCOA FL 32927</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRES - TREASURER Raymond Ganoie 4112 North U.S. Highway 1 Cocoa Florida 32927</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Ronald E Porter Pres.** **4-27-00** **321-637-1510**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)