

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037093

1. Entity Name

LITTLE HARBOUR RESTAURANT, INC.

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90205 046 ***150.00

Principal Place of Business

1574 U.S. 1 SOUTH
ST. AUGUSTINE FL 32084

Mailing Address

1574 U.S. 1 SOUTH
ST. AUGUSTINE FL 32084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3444109

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

~~DONALD W. DUNCAN, P.A.~~
~~25 FLORIDA PARK DRIVE NORTH~~
~~PALM COAST FL 32137~~

Name

Street

City

Sarah S. Shaffer
15 - 16th Rd. West
The Hammock, Florida
32137-3225

FL

Zip Code

32137

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 SARAH S. SHAFFER

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input checked="" type="checkbox"/> Delete
NAME	FILPE, ILDA	
STREET ADDRESS	16 WHITE HURST LANE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FILPE, ANTONIO	
STREET ADDRESS	16 WHITE HURST LANE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FELIPE, ILDA	
STREET ADDRESS	16 WHITE HURST LANE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGETS HAFER	
STREET ADDRESS	2249 LANCEWOOD ST	
CITY-ST-ZIP	BUNNELL, FL 32110	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL D ELLIOT	
STREET ADDRESS	32 AZALEA DR	
CITY-ST-ZIP	ORMOND FL 32176	
TITLE	GEORGET. SHAFER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2249 LANCEWOOD ST	
STREET ADDRESS	BUNNELL, FL 32110	
CITY-ST-ZIP		
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL D ELLIOT	
STREET ADDRESS	32 AZALEA DR	
CITY-ST-ZIP	ORMOND, FL 32176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

MICHAEL D. ELLIOT MICHAEL D. ELLIOT, V.P. 8-14-00 904-825-0021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment

P97000037093

AO073408

DIVISION of Corporations
PO Box 6327
TALLAHASSEE, FL 32314

Dear Sirs,

In response to our telephone conversation I would like to state the following, we never received the UBC in January, and were unaware that we should have. We believe it was delivered to the former owners as ownership was transferred on Sept 2, 1999. In accordance with your instructions from Division of Corporations we are enclosing \$150 as the yearly fee.

Thank You

Michael D. Elliott
111 Little Harbour Restaurant
MICHAEL D ELLIOTT