

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042508

1. Entity Name

CAPPUCCINO'S OF NORTH FLORIDA, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90148 033 \*\*\*150.00

Principal Place of Business

493 BECHRICH ROAD  
PANAMA CITY BEACH FL 32407

Mailing Address

493 BECHRICH ROAD  
PANAMA CITY BEACH FL 32407-3647

2. Principal Place of Business

3900 MARRIOTT DR.

3. Mailing Address

PO Box 28085

Suite, Apt. #, etc.

SUITE E

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
PANAMA CITY, FL.

City & State  
PANAMA CITY, FL

4. FEI Number 59-3445891

Applied For

Not Applicable

Zip  
32408

Country  
USA

Zip  
32411

Country  
USA

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

WOHLBRUCK, EILEEN K  
211 MARLIN CIRCLE  
PO BOX 28085  
PANAMA CITY BEACH FL 32411

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 NAME STREET ADDRESS CITY-ST-ZIP	DP WOHLBRUCK, DANIEL R 211 MARLIN CIRCLE PANAMA CITY BEACH FL 32408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WOHLBRUCK, EILEEN K 211 MARLIN CIRCLE PANAMA CITY BEACH FL 32408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BINGAMAN, MICHAEL A 6421 PINETREE AVE PANAMA CITY BEACH FL 32408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOHLBRUCK, ALLISON M 6029 FLATROCK RD #404 COLUMBUS GA 31907	<input 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

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
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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:

*Eileen K. Wohlbruck*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/00

850-230-5413

Daytime Phone #

CP2E034 (9/99)