

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044989

1. Entity Name

CROSSROADS CAFE, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90101 028 ***150.00

Principal Place of Business

1209 S LECANTO HWY
LECANTO FL 33461
US

Mailing Address

P.O. BOX 970
LECANTO FL 34460-0970

2. Principal Place of Business

3. Mailing Address

15350 Amberly Dr.
Suite, Apt. #, etc.
Suite # 3321

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL
Zip 33647 Country

Zip Country

4. FEI Number 59-3449995

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

KENNEDY, THOMAS
1227 S LECANTO HWY
LECANTO FL 34461

Name

Thomas Kennedy

Street Address (P.O. Box Number is Not Acceptable)

6058 N. Sultana Ter.

City

Beverly Hills

FL

Zip Code

34465

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 ☐ Delete
NAME PD
STREET ADDRESS CROSLY, JIM R
CITY-ST-ZIP 1744 E BISMARCK STREET
HERNANDO FL 34442

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

TITLE ☐ Delete
NAME V
STREET ADDRESS ROSS, ARNOLD B.
CITY-ST-ZIP 15250 AMBERLY DR APT 3321
TAMPA FL 33647

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

Date

Daytime Phone #

3/8/00

913-972-0556

CR2E034 (9/99)