

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90111 002 ***150.00

DOCUMENT # P97000047397
 1. Entity Name
GOURMET DELI, INC.

Principal Place of Business: **2955 WEST BAY DRIVE BELLEAIR BLUFFS FL 33770**
 Mailing Address: **19941 GULF BLVD INDIAN SHORES FL 33785-2456**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc.: **2961 W Bay Dr**
 City & State: **Belleair Bluffs, FL**
 Zip: **33770** | Country: **Pinellas**

Suite, Apt. #, etc.: **HASTINGS & ASSOCIATES, P.A. 2207 54TH ST S**
 City & State: **GULFPORT, FL 33707**
 Zip: | Country:

4. FEI Number: **59-3449238**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
CIPOLLA, VINCENT F SR
1660 GULF BLVD.
SUITE 806
CLEARWATER FL 33767

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, 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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIPOLLA, VINCENT F SR	NAME	
STREET ADDRESS	1660 GULF BLVD.#806	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34630 33767	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIPOLLA, RHONDA E	NAME	
STREET ADDRESS	1660 GULF BLVD.#806	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34630 33767	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Rhonda E Cipolla* **RHONDA E CIPOLLA** **4-29-00** **727-584-2076**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)