

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051861

1. Entity Name

ISLAND TOBACCO & TRADE, INC.

Principal Place of Business

3 SOUTH THIRD STREET
FERNANDINA BEACH FL 32097

Mailing Address

3 SOUTH THIRD STREET
FERNANDINA BEACH FL 32097

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

59-3452746

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

TOMASSETTI, JEFFREY
406 ASH ST.
FERNANDINA BEACH FL 32034

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	GARBARINI, JAMES M		NAME	
STREET ADDRESS	2175 CUMBERLAND CT.		STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARBARINI, SHERRY C		NAME	
STREET ADDRESS	2175 CUMBERLAND CT.		STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, TERRY L		NAME	
STREET ADDRESS	531 SOUTH 6TH ST.		STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VON DANE, JAMES A		NAME	
STREET ADDRESS	1012 B NATURES WA;K		STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VON DANE, MARIA A		NAME	
STREET ADDRESS	1012 B NATURES WA;K		STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERRY C. GARBARINI

4/25/2000

904 261 7222

Date

Daytime Phone #

CR2E034 (9/99)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90147 005 ***150.00



DO NOT WRITE IN THIS SPACE