## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P97000057323** Feb 27, 2000 8:00 am **Secretary of State** SOUTHERN CATERING, INC. 02-27-2000 90076 049 \*\*\*150.00 Principal Place of Business Mailing Address 401 NORTHLAKE BLVD 14410 PALMWOOD ROAD NORTH PALM BEACH FL 33408-5406 WEST PALM BEACH FL 33410 じじしょりよせん 2. Principal Place of Business 3. Mailing Address 4410 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0763414 Not Applicable Zip Country \$8.75 Additional . 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BYERS, JOHN C 401 NORTHLAKE BLVD. NORTH PALM BEACH FL 33400 e purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above/named e 241-2000 SIGNATURE ent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE TITLE Delete BYERS, JOHN C NAME NAME **401 NORTHLAKE BLVD** STREET ADDRESS STREET ADDRESS NORTH PALM BEACH FL 33408 CITY-ST-ZIP CITY-ST-ZIP VICE PRES./SGE. ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information thue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director wared to effectle this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if vitt) all other like endpowered. I hereby certify that the infindicated on this report or of the corporation of the rechanged, or on an attachm

ING OFFICER OR DIRECTOR

SIGNATURE: