

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060840

1. Entity Name

CINNAMON STICKS RESTAURANT & BAKERY COMPANY

Principal Place of Business

2120 WEST HIGHWAY 44
INVERNESS FL 34453

Mailing Address

2120 WEST HIGHWAY 44
INVERNESS FL 34453-3806

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

59-3456972

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

DILLON, RONALD D
1590 S. REGAL PT
INVERNESS FL 34453

Name

RONALD E. DILLON

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

2218 S. CARNEGIE DRIVE

City

INVERNESS

FL

Zip Code
34450

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

Ronald E. Dillon

6/26/00

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 D
DILLON, RONALD E
STREET ADDRESS 2120 WEST HIGHWAY 44
CITY-ST-ZIP INVERNESS FL 34453

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

TITLE ☐ Delete
NAME D
DILLON, KIM
STREET ADDRESS 2120 HIGHWAY 44 WEST
CITY-ST-ZIP INVERNESS FL 34453

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Ronald E. Dillon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/26/00

(352) 637-3690



DO NOT WRITE IN THIS SPACE

FILED

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90148 025 ***558.75