

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**


03-08-2000 90051 027 \*\*\*150.00

**DOCUMENT # P97000064250**  
 1. Entity Name  
**LORD BEARE'S GOURMET SPECIALTIES, INC.**

Principal Place of Business      Mailing Address  
**303 NW FIRST ST**      **102 EAST 8TH AVENUE**  
**HAVANA FL 32333**      **HAVANA FL 32333-1622**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**HAVANA**  
 City & State      City & State  
**FLORIDA**  
 Zip      Country      Zip      Country  
**32333**      **US**

**00034502**



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**59-3460271**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**BEARE, RICHARD A**  
**ROUTE 3 BOX 786**  
**HAVANA FL 32333**

7. Name and Address of New Registered Agent  
 Name      **BEARE RICHARD A.**  
 Street Address (P.O. Box Number is Not Acceptable)      **7858 HAVANA HWY**  
 City      **HAVANA**      FL      Zip      **32333**

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            **RICHARD A. BEARE**      **3-7-2000**  
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BEARE, RICHARD A	
STREET ADDRESS	RR 3 BOX 786	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BEARE, NIKKI A	
STREET ADDRESS	RR 3 BOX 786	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BEARE, SANDRA L	
STREET ADDRESS	RR 3 BOX 786	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7858 HAVANA HWY	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7858 HAVANA HWY	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7858 HAVANA HWY	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:            **RICHARD A. BEARE PRES**      **850-539-9955**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E034 (9/99)