

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064250

1. Entity Name

LORD BEARE'S GOURMET SPECIALTIES, INC.

FILED

Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90051 027 ***150.00

Principal Place of Business

Mailing Address

303 NW FIRST ST
HAVANA FL 32333
US

102 EAST 8TH AVENUE
HAVANA FL 32333-1622
US

00034562



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7858 HAVANA HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HAVANA

City & State

FLORIDA

4. FEI Number

59-3460271

Applied For

Not Applicable

Zip

Country

32333

Country

US

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

BEARE, RICHARD A
ROUTE 3 BOX 786
HAVANA FL 32333

Name

BEARE RICHARD A.

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

7858 HAVANA HWY

City

HAVANA

FL

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

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 RICHARD A. BEARE PRES 850-539-9955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)