

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066821

1. Entity Name

FLORIDA COOKER LP, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90063 025 ***150.00

Principal Place of Business

Mailing Address

5500 VILLAGE BLVD.
WEST PALM BEACH FL 33407

P.O. BOX 11448
WEST PALM BEACH FL 33419-1448

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0770007

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 D
NAME SEELBINDER, G.A.
STREET ADDRESS 5500 VILLAGE BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33407

Delete

TITLE CEO
NAME HENRY HILLENMEYER
STREET ADDRESS 5500 VILLAGE BLVD
CITY-ST-ZIP WEST PALM BCH, FL 33407

☐ Change

☒ Addition

TITLE VPD
NAME COCKBURN, GLENN W
STREET ADDRESS 5500 VILLAGE BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33407

☐ Delete

TITLE ~~MARK~~ CFO
NAME MARK W. MUKOSZ
STREET ADDRESS 5500 VILLAGE BLVD
CITY-ST-ZIP WEST PALM BEACH, FL 33407

☐ Change

☒ Addition

TITLE PD
NAME PRITCHARD, PHILIP L
STREET ADDRESS 5500 VILLAGE BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33407

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ST
NAME EPPERSON, MARGARET A
STREET ADDRESS 5500 VILLAGE BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33407

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME DOLLAT, DAVID L
STREET ADDRESS 5500 VILLAGE BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33407

☐ Delete

TITLE
NAME KOLLAT, DAVID
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE D
NAME HOBSON, DAVID L
STREET ADDRESS 5500 VILLAGE BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33407

☒ Delete

TITLE D
NAME ROBIN HOLDERMAN
STREET ADDRESS 5500 VILLAGE BLVD
CITY-ST-ZIP WEST PALM BEACH, FL 33407

☐ Change

☒ Addition

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: *MARGARET EPPERSON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET EPPERSON

Date

Daytime Phone #

2/28/00 (561) 615-1000

CR2E034 (9/99)