

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077798

1. Entity Name

US TAVERN CORP.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90069 036 ***150.00

Principal Place of Business

Mailing Address

5250 TOWN CENTER CIRCLE #147
 BOCA RATON FL 35480

222 CLEMATIS ST.
 STE. 204
 W. PALM BEACH FL 33401-5540

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0780762

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

HERBST, TODD
 8203 GLENMOOR DRIVE
 WEST PALM BEACH FL 33409

Name

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

222 CLEMATIS STREET SUITE 204

City WPB

FL

Zip Code 33401

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 PD
 NAME ELLSWORTH, GARY
 STREET ADDRESS 2324 SARATOGA BAY DR.
 CITY-ST-ZIP W. PALM BEACH FL 33409 ☐ Delete

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

TITLE VD
 NAME HERBST, DOUGLAS
 STREET ADDRESS 2324 SARATOGA BAY DR.
 CITY-ST-ZIP W. PALM BEACH FL 33409 ☐ Delete

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

TITLE VD
 NAME HERBST, TODD
 STREET ADDRESS 8203 GLENMOOR DRIVE
 CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

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

TITLE VD
 NAME WATSON, WILLIAM
 STREET ADDRESS 20304 GLENMOOR DRIVE
 CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-00

Date

561-659-1946

Daytime Phone #

CR2E034 (9/99)