

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 09700007980

1. Entity Name

Crayton Cove Gourmet of Naples, Inc.

FILED

02 APR 22 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

800 12th AVE S

3. Mailing Address

1903 Imperial Golf Course Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Naples FL

City & State

NAPLES FL

4. FEI Number

593471176

Applied For

Not Applicable

Zip

34102

Country

US

Zip

34110

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARYBETH ANDERST

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

27771 Tennessee St. Unit 7

City

BONITO SPRINGS

FL

Zip Code

34135

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IN THIS SPACE

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
John R ESSIG
1903 Imperial Golf Course
Naples, FL 34110 Blvd

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500005452205--2
-05/06/02--01023--019
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-pres John R ESSIG
SAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP
Sec John R. ESSIG
SAME

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-02

CR2E034B (12/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 25, 2002

CRAYTON COVE GOURMET, INC.
1903 IMPERIAL GOLF COURSE BLVD.
NAPLES, FL 34110

SUBJECT: CRAYTON COVE GOURMET, INC.
Ref. Number: P97000079080

Pursuant to our telephone conversation of March 25, 2002, I am enclosing a blank uniform business report.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan
Document Specialist

Letter Number: 202A00017648