

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053171

1. Entity Name

N.Y.C. ENTERPRISES, INC.

FILED

090100

00 SEP -8 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

100 N SUMMERLIN AVE
ORLANDO FL 32801

Mailing Address

100 N SUMMERLIN AVE
ORLANDO FL 32801

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3516494

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

HARRISON, CHARLES R
1400 W FAIRBANKS AVE, SUITE 204
WINTER PARK FL

Name

HARRISON, CHARLES R

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

1413 TROVILLION AVE

City

WINTER PARK.

FL

Zip Code

32789

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

8-14-00.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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** ☒ Delete
NAME **DEVANS, PAUL R**
STREET ADDRESS **5509 ALBERT DRIVE**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **D** ☒ Change ☐ Addition
NAME **MARKU, TOM A**
STREET ADDRESS **170 N. SPRING LK. DRIVE**
CITY-ST-ZIP **ALHAMBRA SPRINGS, FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-00

Date

407 865-1742

Daytime Phone #

CR2E034 (5/00)

2822

ANTHONY'S PIZZA CAFE
100 N. SUMMERLIN AVE. ORLANDO FL. 32801
407-648-0009
WWW.ANTHONYSNYPIZZERIA.COM

8-23-00

To Whom It May Concern:

Here is my completed application, the reason for being filed so late is because I bought the corporation out, and the previous person forgot to give me the form until this week. So enclosed is the form with the check for \$150⁺⁺ as per our ~~conv~~ phone conversation.

Thank You
James M. [Signature]