

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066459

1. Entity Name

ROYAL CASTLE FOODS, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90093 014 ***150.00

Principal Place of Business

Mailing Address

625 LAKE CLAY DR S
LAKE PLACID FL 33852

625 LAKE CLAY DR S
LAKE PLACID FL 33852-6996

2. Principal Place of Business

4040 US 27 So

3. Mailing Address

500 Town & Country Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebring FL 33870

City & State

Sebring FL

4. FEI Number

65-0897615

Applied For

Not Applicable

Zip

33870

Country

Highlands

Zip

33872

Country

Highlands

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

MOLL, JOHN M
625 LAKE CLAY DR S
LAKE PLACID FL 33852

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOLL, JOHN M
625 LAKE CLAY DR S
LAKE PLACID FL 33852

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500 Town & Country Blvd
Sebring FL 33872

☐ 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

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

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:

John M Moll Pres.

Date

Daytime Phone #

CR2E034 (9/99)