

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067380

1. Entity Name

RIB CITY IMMOKALEE, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90058 044 \*\*\*150.00

Principal Place of Business

Mailing Address

2122 2ND ST  
FORT MYERS FL 33901

2122 2ND ST  
FORT MYERS FL 33901-3013

2. Principal Place of Business

621 N. Highway 29  
Suite, Apt. #, etc.

3. Mailing Address

12575 S Cleveland Ave  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Immokalee FL

City & State

FT Myers FL

4. FEI Number

65-0853949

Applied For

Not Applicable

Zip

Country

34142

USA

Zip

Country

33907

USA

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

PEDEN, PAUL D  
2122 2ND ST  
FORT MYERS FL 33901

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 PD ☐ Delete  
NAME PEDEN, PAUL D  
STREET ADDRESS 2122 2ND ST  
CITY-ST-ZIP FORT MYERS FL 33901

TITLE SAME ☐ Change ☐ Addition  
NAME 12575 S. Cleveland Ave  
STREET ADDRESS FT Myers FL 33907  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME PEDEN, CHARY D  
STREET ADDRESS 2122 2ND ST  
CITY-ST-ZIP FORT MYERS FL 33901

TITLE STD ☐ Change ☐ Addition  
NAME Peden Craig D  
STREET ADDRESS 12575 S Cleveland Ave  
CITY-ST-ZIP FT Myers FL 33907

TITLE V ☐ Delete  
NAME COOK, PETER M  
STREET ADDRESS 7771 CAMERON CIR  
CITY-ST-ZIP FORT MYERS FL 33912

TITLE SAME ☐ Change ☐ Addition  
NAME 12575 S. Cleveland Ave  
STREET ADDRESS FT Myers FL 33907  
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: Peter M Cook Peter M Cook 2/25/00 941-275-6700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)