

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State
 01-24-2000 90092 003 ***150.00

DOCUMENT # P98000079060

1. Entity Name
CAMEO RESTAURANT CORPORATION

Principal Place of Business 19567 VINTAGE TRACE CIRCLE FORT MYERS FL 33912 <i>12901 McGregor Blvd Ft Myers FL 33919</i>	Mailing Address 19567 VINTAGE TRACE CIRCLE FORT MYERS FL 33912-5532
2. Principal Place of Business 12901 McGregor Blvd Suite, Apt. #, etc.	3. Mailing Address 19567 Vintage Trace Circle Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Ft Myers, FL Zip 33901	Country Country	4. FEI Number 65-0863496	Applied For <input type="checkbox"/> Not Applicable
City & State Ft Myers, FL Zip 33912	Country Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROSS, FRANCES 19567 VINTAGE TRACE CIRCLE FORT MYERS FL 33912	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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 D	<input type="checkbox"/> Delete	TITLE ROSS, FRANCES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSS, FRANCES		NAME	
STREET ADDRESS 19567 VINTAGE TRACE CIRCLE		STREET ADDRESS	
CITY-ST-ZIP FORT MYERS FL 33912		CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SARCENO, LAURA		NAME	
STREET ADDRESS 14770 LAKE OLIVE DR		STREET ADDRESS	
CITY-ST-ZIP FT MYERS FL 33919		CITY-ST-ZIP	
TITLE TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STALLWOOD, SUSAN		NAME	
STREET ADDRESS 9090 LADYBUG COURT		STREET ADDRESS	
CITY-ST-ZIP FT MYERS FL 33919		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 another like empowered.

SIGNATURE: *Susan Stallwood* **1/8/00** **481-7766**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)