

2001 UNIFORM BUSINESS REPORT (ÜBR)

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90269 012 ***150.00

DOCUMENT # P98000079060

1. Entity Name

CAMEO RESTAURANT CORPORATION

Principal Place of Business

12901 MC GREGOR BLVD
FORT MYERS FL 33919

Mailing Address

19567 VINTAGE TRACE CIRCLE
FORT MYERS FL 33912

2. Principal Place of Business

3. Mailing Address

12901 McGregor Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers FL

Zip

Country

33901

Country

4. FEI Number 65-0863496

Applied For

Not Applicable

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

ROSS, FRANCES
19567 VINTAGE TRACE CIRCLE
FORT MYERS FL 33912

Name Frances Ross

Street Address (P.O. Box Number is Not Acceptable)
15010 Bridgeway Lane #308

City Fort Myers

FL

Zip 33919

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

Frances Ross

2/15/01

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, 2001 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 ☐ Delete
NAME ROSS, FRANCES
STREET ADDRESS 19567 VINTAGE TRACE CIRCLE
CITY-ST-ZIP FORT MYERS FL 33912

TITLE SAME / SAME ☒ Change ☐ Addition
NAME 15010 Bridgeway Lane #308
STREET ADDRESS Fort Myers FL 33919
CITY-ST-ZIP

TITLE P ☐ Delete
NAME SARCENO, LAURA
STREET ADDRESS 14770 LAKE OLIVE DR
CITY-ST-ZIP FT MYERS FL 33919

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

TITLE TS ☐ Delete
NAME STALLWOOD, SUSAN
STREET ADDRESS 9090 LADYBUG COURT
CITY-ST-ZIP FT MYERS FL 33919

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:

Susan Stallwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

Date

481-9994

Daytime Phone #

CR2E034 (10/00)