

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079683

1. Entity Name

ANNIE'S DREAM ICE CREAM INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State
 04-24-2000 90025 004 ***150.00

Principal Place of Business Mailing Address

55 TROPIC ISLE DRIVE 55 TROPIC ISLE DRIVE
 #39 #39
 DELRAY BEACH FL 33483 DELRAY BEACH FL 33435-2835



2. Principal Place of Business 3. Mailing Address

19 SEAVIEW CIRCLE **19 SEAVIEW CIRCLE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

BOYNTON BEACH, FL **BOYNTON BEACH, FL**

Zip Country Zip Country

33435 **USA** **33435** **USA**

4. FEI Number 65-0905279 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEPAMPHILIS, DONALD
39 SEAVIEW CIRCLE
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

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 _____ (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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPAMPHILLIS, DONALD		NAME		
STREET ADDRESS	39 SEAVIEW CIR		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL 33435		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAMPILLS, DON		NAME		
STREET ADDRESS	39 SEAVIEW CIR		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL 33435		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAVEN, MARK		NAME		
STREET ADDRESS	55 TROPIC DR		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL 33483		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAVEN, MARK		NAME		
STREET ADDRESS	55 TROPIC DR		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL 33483		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 all other like empowered.

SIGNATURE: Mark Craven **MARK CRAVEN** 3/30/00 561 739 9033

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

CR2E034 (9/99)