

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091304

1. Entity Name

A LA CARTE AT HOME, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90006 040 ***150.00

Principal Place of Business

4405 DIAMOND CIRCLE NORTH
SARASOTA FL 34233

Mailing Address

4405 DIAMOND CIRCLE NORTH
SARASOTA FL 34233-1042

2. Principal Place of Business

4001 BENEVA RD.

3. Mailing Address

4001 BENEVA RD.

Suite, Apt. #, etc.

#407

Suite, Apt. #, etc.

#407

City & State

SARASOTA, FL.

City & State

SARASOTA, FL.

Zip

34233

Country

USA

Zip

34233

Country

USA

4. FEI Number

65-0870540

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNECHT, BRIAN D
4405 DIAMOND CIRCLE NORTH
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name

KNECHT, BRIAN D.

Street Address (P.O. Box Number is Not Acceptable)

4001 BENEVA RD.

APT. # 407

City

SARASOTA

FL

Zip Code

34233

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]
Signature, typed or printed name of registered agent and title if applicable.

OWNER / TRUSTEE / SEC.

4-10-00

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

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SIMONS, RUTH | |
| STREET ADDRESS | 4405 DIAMOND CE N | |
| CITY-ST-ZIP | SARASOTA FL 34233 | |
| TITLE | TS | <input type="checkbox"/> Delete |
| NAME | KNECHT, BRIAN D | |
| STREET ADDRESS | 4405 DIAMOND CR N | |
| CITY-ST-ZIP | SARASOTA FL 34233 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIMONS, RUTH | |
| STREET ADDRESS | 4001 BENEVA RD. #407 | |
| CITY-ST-ZIP | SARASOTA, FL. 34233 | |
| TITLE | TS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KNECHT, BRIAN D. | |
| STREET ADDRESS | 4001 BENEVA RD. #407 | |
| CITY-ST-ZIP | SARASOTA, FL. 34233 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

941-921-9611

Daytime Phone #

CR2E034 (9/99)