

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094699

1. Entity Name

IL GELATO NO.2, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90055 006 \*\*\*150.00

Principal Place of Business 236 MIRACLE STRIP PARKWAY FT. WALTON BEACH FL 32548	Mailing Address 236 MIRACLE STRIP PARKWAY FT. WALTON BEACH FL 32548
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5100 N. 9 <sup>th</sup> Ave Suite, Apt. #, etc.	3. Mailing Address 236 Miracle Strip Pkwy Ss Suite, Apt. #, etc.
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City & State Pensacola, FL	City & State FT. Walton Beach FL
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4. FEI Number 59-3564563	Applied For <input type="checkbox"/> Not Applicable
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Zip 32504-8735	Country USA	Zip 32548	Country USA
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FLEET, H.BART**  
 1201 EGLIN PARKWAY  
 SHALIMAR FL FL325-79

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TREMOLINI, GUIDO</b> 236 MIRACLE STRIP PARKWAY FT. WALTON BEACH FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FARONI, SIMONA</b> 236 MIRACLE STRIP PARKWAY FT. WALTON BEACH FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Simona Faroni, V.P. 03-29-00 850-243-5455  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)