## 2001 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P98000101412  1. Entity Name MICHAEL'S GOURMET GROUP, INC. |  |  |  | Aug 14, 2001 8:00 am<br>Secretary of State<br>08-14-2001 90017 002 ***137.50<br>08-14-2001 90017 003 ***137.50<br>08-14-2001 90017 004 ***137.50 |  |  |   |
|---|--|--|--|--|--|--|---|
| Principal Place of Business 1212 EAST AVENUE SOUTH SARASOTA FL 34239  |  | Mailing Address 1212 EAST AVENUE SOUTH SARASOTA FL 34239   |  | 08   | -14-2001 90017 00  | 1 ***137.50  |   |
| 2. Principal Place of Business  |  | 3. Mailing Address   |  |  |  | <b>                                    </b>                      | <b>                                      </b> |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  | DO NOT WRITE IN THIS SPACE   |  |  |   |
| City & State  |  | City & State   |  | 4. FEI Number  | 59-3468782   | <u> </u>   | olied For<br>Applicable                       |
| Zip   | Country  | Zip  | Country  | 5. Certificate of S  | itatus Desired   | \$8.75 Addit   |   |
|   | 6. Name and Address of Current   | Registered Agent   |  | 7. Name and Add  | dress of New Registered  | d Agent  |   |
| SHEA, JOHN J JR.<br>630 S. ORANGE AVE., #300                          |  |  | Name Street Address  | Name Street Address (P.O. Box Number is Not Acceptable)  |  |  |   |
| •   | A FL 34236   |  |  |  |  |  |   |
|   | •  |  | City   | FL Zip Code  |  |  |   |
| SIGNATURE .   | named entity submits this statement for signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible requirement and elects to do so. | and title if applicable. (NOTE:  | Registered Agent signature requirer FEE IS \$550.00 2001 Fee will be \$750.00    | ed when reinstating)   | DATE<br>on Campaign Financing<br>fund Contribution.                            | <br>\$5.00   | May Be to Fees                                |
| (See criter   | ria on back)   | Make Check Payabl  | e to Department of St  | ate  |  |  |   |
| NAME<br>STREET ADDRESS  | OFFICERS AND D KLAUBER, MICHAEL 1212 EAST AVENUE SOUTH   | DIRECTORS  Delete  | 12.  TITLE  NAME  STREET ADDRESS  City-ST-ZiP                                    | ADDITIONS/CHA  | ANGES TO OFFICERS A  | ND DIRECTORS  Change   | Addition                                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | SARASOTA FL 34239 VP MANCINI, PHILIP 1212 E AVE SO SARASOTA FL 34239   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  | ☐ Change   | Addition                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  | □ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  | ,  | Addition                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  | ☐ Change   | ☐ Addition                                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  | ☐ Change   | Addition                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  | ☐ Change   | ☐ Addition                                    |
| 13. I hereby of indicated of the corchanged                           | certify that the information supplied with<br>on this report or supplemental report is<br>poration or the receive or trustee imp<br>or on an attachment with an address.     | n this filing does not qualify for<br>s true and accurate and that m<br>overed dexecute this report a<br>with all of the lempowered. | the exemption stated in<br>y signature shall have th<br>as required by Chapter 6 | Section 119.07(3)(i), F<br>e same legal effect as<br>07, Florida Statutes; a   | lorida Statutes. I further of if made under oath; that and that my name appear | certify that the in<br>t I am an officer or<br>rs in Block 11 or | formation<br>or director<br>Block 12 if       |

SIGNATURE: \_

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

81910

941-955-3663

Daytime Phone #