

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90006 042 ***150.00

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DOCUMENT # P99000006234

1. Entity Name

CRACKERS RESTAURANT, INC.

Principal Place of Business

**23626 NE COUNTY RD 314
 FORT MC COY FL 32134**

Mailing Address

**25291 N.E. HWY. 314
 SALT SPRINGS FL 32134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3614736

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

Name

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

City

FL

Zip Code

**WEEKS, MARY F
 25291 N.E. HWY. 314
 SALT SPRINGS FL 32134**

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, 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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **WEEKS, MARY F**
 CITY-ST-ZIP **25291 N.E. HWY. 314
 SALT SPRINGS FL 32134**

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
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-01 352-685-2468
 Date Daytime Phone #

CR2E034 (5/01)

Attachment Doc# D9900006834

C0073549

MARY WEEKS

Registered Real Estate Broker



July 13, 2001

Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Gentlemen:

As per my phone conversation with someone in your department, this is the only notice that I have received.

Crackers Restaurant has not opened as yet so I did not even realize that I had not received the first notice. I would have paid this by the due date if I had.

Respectfully,

A handwritten signature in cursive script that reads 'Mary Weeks'.

Mary Weeks



MARY WEEKS REALTY, REALTOR

P.O. Box 5077 • Salt Springs, Florida 32134

352-685-2468 Anytime! • FAX 352-685-3310