

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021932

1. Entity Name

MICELI BROTHERS, INC.

Principal Place of Business

735 TERRACE BLVD.
ORLANDO FL 32803

Mailing Address

735 TERRACE BLVD.
ORLANDO FL 32803-3218

2. Principal Place of Business

11660 E. COLONIAL DR

Suite, Apt. #, etc.

3. Mailing Address

PO Box 5078

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

WINTER PARK, FL

Zip

32817-4607

Country

ORANGE

Zip

32793-5078

Country

ORANGE

6. Name and Address of Current Registered Agent

SHEPHERD, JAMES E
1450 STATE ROAD 434 WEST STE. 200
LONGWOOD FL 32750

4. FEI Number

59-3577471

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

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 \$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 DST
NAME MICELI, JEFFREY A
STREET ADDRESS 735 TERRACE BLVD.
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE DP
NAME MICELI, MICHAEL A
STREET ADDRESS 735 TERRACE BLVD.
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
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CITY-ST-ZIP ☐ Change ☐ Add

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CITY-ST-ZIP ☐ Change ☐ Add

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 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

4/10/00
Date

407-737-7775
Daytime Phone #

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90147 041 ***150.00



DO NOT WRITE IN THIS SPACE