

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023532

1. Entity Name

TAMARAC LANES SNACK BAR, INC.

FILED

Feb 26, 2000 8:00 am  
Secretary of State

02-26-2000 90069 021 \*\*\*150.00

Principal Place of Business

Mailing Address

8501 NORTH UNIVERSITY DRIVE  
TAMARAC FL 33321

8501 NORTH UNIVERSITY DRIVE  
TAMARAC FL 33321-1719

2. Principal Place of Business

5835 Lake worth Road  
Suite, Apt. #, etc.

3. Mailing Address

5835 Lake worth Road  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Greenacres FL

Zip

33463

Country

USA

City & State

Greenacres FL

Zip

33463

Country

USA

4. FEI Number

65-0909297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Elaine Fusani

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

5835 Lake worth Road

City

Greenacres

FL

Zip Code

33463

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

*Elaine Fusani*

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

(NOTE: Registered Agent signature required when reinstating)

2-21-00

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	PTD	<input type="checkbox"/> Delete
NAME	FUSANI, ELAINE	
STREET ADDRESS	8501 NORTH UNIVERSITY DRIVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	FUSANI, ROY T	
STREET ADDRESS	8501 NORTH UNIVERSITY DRIVE	
CITY-ST-ZIP	TAMARAC FL 33321	
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	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fusani, Elaine	
STREET ADDRESS	5835 Lake worth Road	
CITY-ST-ZIP	Greenacres FL 33463	
TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fusani, Roy T	
STREET ADDRESS	5835 Lake worth Road	
CITY-ST-ZIP	Greenacres FL 33463	
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:

*Elaine Fusani* (ELAINE FUSANI)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-00

Date

(561-483-7303)

Daytime Phone #

CR2E034 (9/99)