

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **p99000029558**

1. Entity Name  
**Peaches 'n Cream ICE CREAM PARLOR**

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90191 006 \*\*\*150.00

Principal Place of Business  
**5318 MARINA DR.**  
**Holmes Beach, FL**  
**34217**

Mailing Address  
**212 71ST STREET**  
**Holmes Beach, FL**  
**34217**

2. Principal Place of Business  
**5318 MARINA DR**

3. Mailing Address  
**212 71ST STREET**

Suite, Apt. #, etc.

City & State  
**Holmes Beach, FL**

Zip  
**FL 34217**

Country  
**MANATEE**

4. FEI Number  
**65-0914663**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Dennis Beckman**  
**212 71ST STREET**  
**Holmes Beach, FL 34217**

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 **PRESIDENT** ☐ Delete  
NAME **DENNIS BECKMAN**  
STREET ADDRESS **212 71ST STREET**  
CITY-ST-ZIP **Holmes Beach, FL 34217**

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

TITLE **SECRETARY-TREASURER** ☐ Delete  
NAME **LAURA BECKMAN**  
STREET ADDRESS **212 71ST STREET**  
CITY-ST-ZIP **Holmes Beach, FL 34217**

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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STREET ADDRESS  
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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: **Laura Beckman - Secretary-Treasurer** **5-01-2000** **941-778-7324**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**LAURA BECKMAN**

CR2E034 (9/99)