

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031581

1. Entity Name

B & D'S SEMINOLE PIZZA, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90029 029 \*\*\*150.00

Principal Place of Business

Mailing Address

1519 N.E. CAPITAL CIRCLE  
TALLAHASSEE FL 32308

1519 N.E. CAPITAL CIRCLE  
TALLAHASSEE FL 32308-6279

2. Principal Place of Business

3. Mailing Address

1519 N.E. Capital Cir  
Suite, Apt. #, etc.

Suite 27

City & State

Tallahassee, Fla

Zip

32308

Country

Leor

1519 N.E. Capital Cir  
Suite, Apt. #, etc.

Suite 27

City & State

Tallahassee, FL

Zip

32308

Country

Leor



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3568588

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

GERSTEIN, BRUCE  
1519 N.E. CAPITAL CIRCLE  
TALLAHASSEE FL 32308

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]*

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.

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\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
NAME Bruce Gerstein  
STREET ADDRESS 1519 N.E. Capital Cir  
CITY-ST-ZIP Tall, Fla 32308

☐ Delete

TITLE Secretary  
NAME Mitchell Bouzek  
STREET ADDRESS 1519 N.E. Capital Cir  
CITY-ST-ZIP Tall, Fla 32308

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☐ Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 850-656-3337  
Date Daytime Phone #

CR2E034 (9/99)