

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90098 047 ***150.00

DOCUMENT # P99000032415

1. Entity Name

FROSEN RITZ, INC.

Principal Place of Business

**527 BAYNAN BLVD
NAPLES FL 34102**

Mailing Address

**527 BAYNAN BLVD
NAPLES FL 34102-5105**

2. Principal Place of Business

SAM SNEAD'S TAVERN

3. Mailing Address

1815 MISSION DR.

Suite, Apt. #, etc.

2460 VANDERBILT BEACH Rd

Suite, Apt. #, etc.

City & State

NAPLES FLORIDA

City & State

NAPLES FLORIDA

Zip

34109

Country

USA

Zip

34109

Country

USA

4. FEI Number

59-3570683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LUMSDEN, DENNIS J
6719 WINKLER ROAD STE 121
FT MYERS FL 33919**

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 **D** ☐ Delete
NAME **BERINGER, BRUCE D**
STREET ADDRESS **527 BANYAN BLVD**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **D** ☐ Delete
NAME **CASTLEBURY, SCOTT P**
STREET ADDRESS **1815 MISSION DRIVE**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **D** ☐ Delete
NAME **BERLINGER, SUE C**
STREET ADDRESS **527 BANYAN BLVD**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **BERLINGER** **CORRECTION**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **CASSELBERRY** **CORRECTION**
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ 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

BRUCE D. BERLINGER

3/15/00

941-592-9999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)