

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042501

1. Entity Name

ROMANA'S HOLDINGS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90878 029 ***150.00

Principal Place of Business

3620 STRINGFELLOW ROAD
ST. JAMES CITY FL 33956

Mailing Address

C/O ROBERT D. ROYSTON, JR.
P.O. DRAWER 60205
FORT MYERS FL 33906-6205

2. Principal Place of Business

SAME

3. Mailing Address

3620 Stringfellow Rd

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

City & State

SAME

City & State

ST. JAMES CITY FL

Zip

Country

Zip

33956

Country

U.S.A.

4. FEI Number

65-0918182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROYSTON, ROBERT D JR.
12670 NEW BRITTANY BLVD
SUITE 101
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name *Joseph Cassaro*

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

1818 S.E. 45th St

City

CAPE CORAL

FL

Zip Code

33904

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	<input type="checkbox"/> Delete
NAME	GAVRINEV, ROMANA	
STREET ADDRESS	3646 PAPYA STREET	
CITY-ST-ZIP	ST. JAMES CITY FL 33956	

TITLE	D	<input type="checkbox"/> Delete
NAME	CASSARO, JOSEPH C	
STREET ADDRESS	4703 S.E. 17TH PLACE, #404	
CITY-ST-ZIP	CAPE CORAL FL 33904	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph Cassaro *JOSEPH CASSARO* *4-26-00* *941-945-4822*