

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/3/00-90032-050-\$150.00-\$150.00

DOCUMENT # P99000048313

1. Entity Name

DEMETRIO'S HOLDING CO., INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 30 PM 3:06

Principal Place of Business

2901 26 ST WEST #612  
BRADENTON FL 34205

Mailing Address

2901 26 ST WEST #612  
BRADENTON FL 34205-3763

2. Principal Place of Business

7867 Saddle Creek Trail

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Zip 34241

Country

Zip

Country

4. FEI Number

65-0930834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZAPATKA, EDWARD P  
2901 26 ST WEST #612  
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name  
Michele T. Brackett

Street Address (P.O. Box Number is Not Acceptable)  
7867 Saddle Creek Trail

City Sarasota

FL

Zip Code 34241

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 Michele T. Brackett

Michele T. Brackett

3/27/00

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 P/D ☐ Delete  
NAME Michele T. Brackett  
STREET ADDRESS 7867 Saddle Creek Trail  
CITY-ST-ZIP Sarasota, FL 34241

TITLE VP/Sec/D ☐ Delete  
NAME Joan J. Tatum  
STREET ADDRESS 4152 Moss Oak Place  
CITY-ST-ZIP Sarasota, FL 34231

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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  
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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:

Michele T. Brackett, President

3/27/00

941-366-8346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)