

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051724

1. Entity Name

NORTH PHILLY CHEESESTEAKS, HOAGIES & DELI, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90122 046 ***150.00

Principal Place of Business

1100 W NEW HAVEN AVE
W MELBOURNE FL 32904

Mailing Address

1100 W NEW HAVEN AVE
W MELBOURNE FL 32904-4056

2. Principal Place of Business

4600 Babcock St. NE

3. Mailing Address

4600 Babcock St. NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Palm Bay, FL

City & State
Palm Bay, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
32905

Country
USA

Zip
32905

Country
USA

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

BOHNE, KARL W JR
780 S APOLLO BLVD, SUITE 107
MELBOURNE FL 32901

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEVY, JOAN
1100 W NEW HAVEN AVE
W MELBOURNE FL 32904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Jane G. Neptune
1225 N. Wickham Rd #521
Melbourne, FL 32935 ☒ Addition ☐ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Joan Levy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joan Levy, Dir. 4-27-00 321-953-9999
Date Daytime Phone #

CR2E034 (9/99)