

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054008

1. Entity Name

BARLAND'S OLD FASHIONED DESSERTS EMPORIUM, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90182 022 ***150.00

Principal Place of Business

4174 INVERRARY DR., STE. 1009
LAUDERHILL FL 33319

Mailing Address

4174 INVERRARY DR., STE. 1009
LAUDERHILL FL 33319-4565

2. Principal Place of Business

3. Mailing Address

2204 TAMAMI TRAIL NORTH
Suite, Apt. #, etc.

2204 TAMAMI TRAIL NORTH
Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

59-3586901

Applied For

Not Applicable

Zip

Country

34103

USA

Zip

Country

34103

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

WALLHAUSEN, E. WAYNE ESQ.
4174 INVERRARY DR., STE. 1009
LAUDERHILL FL 33319

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

E. Wayne Wallhausen, Pres.

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	P/D	<input type="checkbox"/> Delete
NAME	E. WAYNE WALLHAUSEN	
STREET ADDRESS	2204 NO. TAMAMI TRAIL	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	S/CFO/D	<input type="checkbox"/> Delete
NAME	BERNARD SCHWALBE	
STREET ADDRESS	2204 NO. TAMAMI TRAIL	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	V/S/D	<input type="checkbox"/> Delete
NAME	W DAVID BAYER	
STREET ADDRESS	2204 NO. TAMAMI TRAIL	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

E. Wayne Wallhausen, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 486-6836

Daytime Phone #

CR2E034 (9/99)