

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069293

1. Entity Name

ANGELLINO'S RESTAURANT OF PALM HARBOR, INC.

Principal Place of Business

33180 U.S. HIGHWAY 19, NORTH  
PALM HARBOR FL 34683

Mailing Address

33180 U.S. HIGHWAY 19, NORTH  
PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARLAS, GEORGE  
1016 TRADEWINDS DRIVE  
TARPON SPRINGS FL 34689

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, 2001 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 PD  
NAME BARLAS, GEORGE  
STREET ADDRESS 1016 TRADEWINDS DRIVE  
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

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

TITLE VPD  
NAME DRUZAS, FRANK  
STREET ADDRESS 104 MERCURY AVENUE, SOUTH  
CITY-ST-ZIP CLEARWATER FL 33765 ☐ Delete

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

TITLE SD  
NAME BARLAS, LEE  
STREET ADDRESS 1016 TRADEWINDS DRIVE  
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE BARLAS, PRES.

Date

Daytime Phone #

FILED  
Mar 29, 2001 8:00 am  
Secretary of State

03-29-2001 90401 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3590866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

CR2E034 (10/00)