

# 2000 UNIFORM BUSINESS REPORT (UBR)

7/

DOCUMENT # P99000072881

1. Entity Name

CASUAL HOSPITALITY, INC.

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90018 010 \*\*\*150.00

Principal Place of Business

7301 NW 4TH ST., #107  
 PLANTATION FL 33317

Mailing Address

7301 NW 4TH ST., #107  
 PLANTATION FL 33317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0989472

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, BYRON  
 7301 NW 4TH ST., #107  
 PLANTATION FL 33317

7. Name and Address of New Registered Agent

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
 NAME BROWN, BYRON  
 STREET ADDRESS 7301 NW 4TH ST., #107  
 CITY-ST-ZIP PLANTATION FL 33317

TITLE D ☒ Delete  
 NAME HOY, DON  
 STREET ADDRESS 7301 NW 4TH ST., #107  
 CITY-ST-ZIP PLANTATION FL 33317

TITLE D ☒ Delete  
 NAME BROWN, VINNIE  
 STREET ADDRESS 7301 NW 4TH ST., #107  
 CITY-ST-ZIP PLANTATION FL 33317

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  
 NAME D  
 STREET ADDRESS Russel Louis  
 CITY-ST-ZIP 7301 NW 4th St #107  
 PLANTATION FL 33317

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/00

Date

9545834011

Daytime Phone #

P99000072881

Total Sales, Inc.  
7301 NW 4<sup>th</sup> St, #107  
Plantation, FL 33317  
954-583-4011 Phone  
954-583-1228 Fax

107153

facsimile transmittal

To: Dept of STATE Fax: \_\_\_\_\_  
From: BYRON BROWN Date: 7/7/00  
Re: \_\_\_\_\_ Pages: \_\_\_\_\_  
CC: \_\_\_\_\_

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

The first "filing report" was  
sent back to me for corrections  
which I never received.

I am re-submitting this report.

Thanks!

CONFIDENTIAL