

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081134

1. Entity Name

CATERING BY ROSI, INC.

FILED

00 SEP 29 AM 11:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6110 TUSCONY CIR.
JACKSONVILLE FL 32277-2052

Mailing Address

6110 TUSCONY CIR.
JACKSONVILLE FL 32277-2052

2. Principal Place of Business

1511 MONTANA AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

59-3595686

Applied For

Not Applicable

Zip

32207

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARNER, ROSEMARIE
6110 TUSCONY CIR.
JACKSONVILLE FL 32277-2052

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

700003417377-6

10/06/00 01108-009

City

****750.00 FL ****254.00

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 ☐ 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

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
P
ROSEMARIE WARNER
6110 TUSCONY CIR.
JACKSONVILLE, FL. 32277

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
V
JONATHAN WARNER
6110 TUSCONY CIR.
JACKSONVILLE, FL. 32277

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ROBERT WARNER
5100 CARTER SPENCER RD.
MIDDLEBURG, FL. 32068

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
T
J. SCOTT HOUSTON
2536 TOWN SQUARE DR.
JACKSONVILLE, FL. 32216

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GEORGE ARNOLD
1551 NALDO ST.
JACKSONVILLE, FL. 32207

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

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:

ROSEMARIE WARNER

ROSEMARIE WARNER

(904) 396-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/27/00