

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90284 025 \*\*\*158.75

DOCUMENT # P99000086072

1. Entity Name

SEGRETI'S PIZZA & SUBS, INC.

Principal Place of Business

7449 W. GROVER CLEVELAND BLVD  
HOMOSASSA FL 34446

Mailing Address

7449 W. GROVER CLEVELAND BLVD  
HOMOSASSA FL 34446

2. Principal Place of Business

1239 S. Suncoast Blvd

Suite, Apt. #, etc.

3. Mailing Address

1239 S. Suncoast Blvd

Suite, Apt. #, etc.

City & State

Homosassa, FL

City & State

Homosassa, FL

Zip

34448

Country

Citrus

Zip

34448

Country

Citrus

4. FEI Number

59-3602976

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KIDD, ELIZABETH S  
4160 S OAKWURST DR  
HOMOSASSA FL 34446

7. Name and Address of New Registered Agent

Name

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

City

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 date 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

TITLE	S	<input type="checkbox"/> Delete
NAME	KIDDS, ELIZABETH S	
STREET ADDRESS	4160 S. OAKHURST DR.	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	P	<input type="checkbox"/> Delete
NAME	SEGRETI, MICHAEL A	
STREET ADDRESS	4160 S OAKHURST DR	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HIMES, ALEX C	
STREET ADDRESS	4134 N MITCHUM PT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	T	<input type="checkbox"/> Delete
NAME	HIMES, RISA A	
STREET ADDRESS	4134 N MITCHUM PT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		
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:

Elizabeth S Kidd ELIZABETH S Kidd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

352-745-7612

Daytime Phone If

CR2E034 (10/00)