

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000086850**

1. Entity Name

**ADAMS STREET BAKERY AND
CAFE INC**

Principal Place of Business

**208 S ADAMS ST
TALLAHASSEE, FL
32301**

Mailing Address

**208 S. ADAMS ST
TALLAHASSEE, FL
32301**

2. Principal Place of Business

**208 S. ADAMS ST
Suite, Apt. #, etc.**

3. Mailing Address

**208 S. ADAMS ST
Suite, Apt. #, etc.**

City & State

**TALLAHASSEE, FL
32301**

Country

USA

City & State

**TALLAHASSEE, FL
32301**

Country

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JAMES A. GREGG
1331 E. LAFAYETTE ST
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name **DAVID L. ERICKS**
Street Address (P.O. Box Number is Not Acceptable)
208 S. ADAMS ST
City **TALLAHASSEE** FL Zip Code **32301**

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, 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

TITLE	JAMES A. GREGG <input checked="" type="checkbox"/> Delete
NAME	JAMES A. GREGG
STREET ADDRESS	1331 E. LAFAYETTE ST, SHEL
CITY-ST-ZIP	TALLAHASSEE, FL 32301
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DAVID L. ERICKS D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID L. ERICKS
STREET ADDRESS	208 S. ADAMS ST
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL S. RAYMOND
STREET ADDRESS	627 SUMMERBROOK DR
CITY-ST-ZIP	TALLAHASSEE, FL
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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. ERICKS

Date

Daytime Phone #

850-224-0880

APPROVED
AND
FILED

00 JUN 16 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)