

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098135

1. Entity Name

CUSTOM CULINARY, INC.

FILED

Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90135 035 \*\*\*150.00

Principal Place of Business

Mailing Address

27307 BARBAROSA ST  
BONITA SPRINGS FL 34135

27307 BARBAROSA ST  
BONITA SPRINGS FL 34135-4347

2. Principal Place of Business

5400 TAYLOR ROAD

3. Mailing Address

5400 Taylor Road

Suite, Apt. #, etc.

SUITE 103

Suite, Apt. #, etc.

Suite 103

City & State

Naples, FL

City & State

Naples, FL

Zip

34109

Country

USA

Zip

34109

Country

USA

4. FEI Number

59-3608773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUCAS, ELAINE  
3550 E TAMiami TRAIL  
NAPLES FL 34112

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, JOHN C	NAME	
STREET ADDRESS	27307 BARBAROSA ST	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, EVELYN	NAME	
STREET ADDRESS	27307 BARBAROSA ST	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Evelyn W. Hoover

1-26-00 (941) 597-9072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #