

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102570

1. Entity Name

G R'S CHUCK WAGON, INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90053 035 \*\*\*150.00

Principal Place of Business

Mailing Address

576 9TH AVENUE NORTH  
NAPLES FL 34108

POST OFFICE BOX 110455  
NAPLES FL 34108-0108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1495 RAILHEAD BLVD

3. Mailing Address

PO Box 110445

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

4. FEI Number

59-3528748

Applied For

Not Applicable

Zip

34110

Country

Collier

Zip

34108-0108

Country

Collier

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

JEANETTE ROBB

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

576 9th Ave. N.

City

NAPLES

FL

Zip Code

34108

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

*Jeanette Robb*

Jeanette M Robb president

3-4-2000

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBB, JEANETTE M	
STREET ADDRESS	576 9TH AVENUE NORTH	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBB, RANDALL D	
STREET ADDRESS	576 9TH AVENUE NORTH	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GEBHARDT, CHRISTOPHER J	
STREET ADDRESS	576 9TH AVENUE NORTH	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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: *Jeanette M Robb* Jeanette M Robb 3/4/2000 941 593 1145  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)