

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106077

1. Entity Name

SIMPSON'S SIGNATURE COTTAGES, INC.

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90094 019 ***150.00

Principal Place of Business

3811 SEGOVIA STREET
CORAL GABLES FL 33134

Mailing Address

P.O. BOX 144191
CORAL GABLES FL 33114

2. Principal Place of Business

720 CORAL WAY

3. Mailing Address

P.O. BOX 144191

Suite, Apt. #, etc.

Suite, Apt. #, etc.

130

City & State

CORAL GABLES, FL

City & State

CORAL GABLES FL

Zip

33134

Country

DADE

Zip

33114

Country

DADE

4. FEI Number

65-0966989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 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 PD
NAME SIMPSON, ROBERT S
STREET ADDRESS 3811 SEGOVIA STREET
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE VSTD
NAME SIMPSON, SUSAN M
STREET ADDRESS 3811 SEGOVIA STREET
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ROBERT S. SIMPSON ☒ Change ☐ Addition
NAME
STREET ADDRESS 720 CORAL WAY, 130
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE SUSAN M. SIMPSON ☒ Change ☐ Addition
NAME
STREET ADDRESS 720 CORAL WAY, 130
CITY-ST-ZIP CORAL GABLES, FL 33134

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

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

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

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

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/00 305-447-4007

Date

Daytime Phone #

CR2E034 (10/00)