

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # P990000107059

1. Entity Name

CAPTAIN BELL'S SEAFOOD OF PALM HARBOR, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

04-13-2000 90089 007 ***150.00

Principal Place of Business

Mailing Address

2483 BENTRIDGE CT.
ORANGE PARK FL 32065

2483 BENTRIDGE CT.
ORANGE PARK FL 32065

2. Principal Place of Business

3. Mailing Address

4417 Beach Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 104, Broward Bldg.

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32207

USA

4. FEI Number

59-3617088

Applied For

Not Applicable

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

ROTHSTEIN, SIMON D ESQ
4417 BEACH BLVD.
JACKSONVILLE FL 32207

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 (n)angible
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 PD
NAME BELL, ROLAND R
STREET ADDRESS 1684 RIDEOUT FERRY RD.
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

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

TITLE V
NAME BELL, KATHY L
STREET ADDRESS 1684 RIDEOUT FERRY RD.
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

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

TITLE STD
NAME FELLOWS, DAN R
STREET ADDRESS 2483 BENTRIDGE CT.
CITY-ST-ZIP ORANGE PARK FL 32065 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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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 like empowered

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00

Date

(904) 215-5316

Daytime Phone #