

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107546

1. Entity Name

DEMARCO'S RESTAURANT, INC.

FILED

Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90064 006 ***150.00

Principal Place of Business

Mailing Address

CHERYL DEMARK
7236 N. SERENOA DR.
SARASOTA FL 34241

CHERYL DEMARK
7236 N. SERENOA DR.
SARASOTA FL 34241

2. Principal Place of Business

3. Mailing Address

3131 Clark Rd

3131 Clark Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

103

103

City & State

City & State

Sarasota FL

Sarasota FL

Zip

Country

Zip

Country

34231

Sarasota

34231

Sarasota

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHEN F. VOIGT, P.A.
2414 BEE RIDGE RD.
SARASOTA FL 34239

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

TITLE NAME ☐ Delete
Cheryl DeMark Pres.
STREET ADDRESS 7236 N Serenoa Dr
CITY-ST-ZIP Sarasota FL 34241

TITLE NAME ☐ Delete
Tom Velkos VP
STREET ADDRESS 7236 N Serenoa Dr
CITY-ST-ZIP Sarasota FL 34241

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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

3-30-00

Date

Daytime Phone #