

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S34776

1. Entity Name

SLOPPY JOE'S INTERNATIONAL, INC.

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90021 048 \*\*\*158.75

Principal Place of Business

209 DUVAL STREET  
KEY WEST FL 33040  
US

Mailing Address

209 DUVAL STREET  
KEY WEST FL 33040-6507  
US

2. Principal Place of Business

3. Mailing Address

201 Duval St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Key West, FL

4. FEI Number

65-0259040

Applied For

Not Applicable

Zip

Country

Zip

Country

33040

USA

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

HALPERN, MICHAEL  
209 DUVAL STREET  
KEY WEST FL 33040

Name

Michael Halpern

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

201 Duval St.

City

Key West

FL

Zip Code  
33040

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 PST  
NAME HALPERN, MICHAEL ☒ Delete  
STREET ADDRESS 201 DUVAL STREET  
CITY-ST-ZIP KEY WEST FL

TITLE President/Director ☒ Change ☐ Addition  
NAME Michael Halpern  
STREET ADDRESS 201 Duval St., Key West, FL 33040  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME HALPERN, MICHAEL  
STREET ADDRESS 201 DUVAL STREET  
CITY-ST-ZIP KEY WEST FL

TITLE Vice President/Director ☒ Change ☐ Addition  
NAME Sidney C. Snelgrove  
STREET ADDRESS 201 Duval St., Key West, FL 33040  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Vice President/Director ☒ Change ☐ Addition  
NAME John Mayer  
STREET ADDRESS 201 Duval St., Key West, FL 33040  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Treasurer/Director ☒ Change ☐ Addition  
NAME Kathleen E. Marshall  
STREET ADDRESS 201 Duval St., Key West, FL 33040  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Secretary ☒ Change ☐ Addition  
NAME Nadia Klausning-Hall  
STREET ADDRESS 201 Duval St., Key West, FL 33040  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ext.

1-2c-cc 3052462388