

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90025 042 \*\*\*150.00

**DOCUMENT # S79480**

1. Entity Name

**MERRICK SEAFOOD SOUTH INC.**

Principal Place of Business

732 SE 47TH TER  
STORE 105  
CAPE CORAL FL 33904

Mailing Address

732 SE 47TH TER  
STORE 105  
CAPE CORAL FL 33904-9614

2. Principal Place of Business

**1229 SE 47TH TERRACE**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CAPE CORAL FLA**

City & State

**SAME**

4. FEI Number

**65-0287423**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33904**

**LEE**

**33904**

**LEE**

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

**BRACHER, KENNETH P.**  
**732 SE 47TH TERRACE**  
**#105**  
**CAPE CORAL FL 33904**

Name

**SANTORICO, RICHARD J.**

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

**1229 SE 47TH TERRACE**

City

**CAPE CORAL**

FL

Zip Code

**33904**

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

*Richard J. Santorico*  
Signature, typed or printed name of registered agent and title if applicable.

**RICHARD J. SANTORICO**

**2/7/00**

(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	VP	<input type="checkbox"/> Delete
NAME	BRACHER, KENNETH P	
STREET ADDRESS	809 SW 51ST TERR.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SANTORICO, RICHARD J.	
STREET ADDRESS	816 SW 51ST TERR.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BENNET, ROY	
STREET ADDRESS	5201 TAMiami CT.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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
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		
STREET ADDRESS		
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:

*Richard J. Santorico*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD J. SANTORICO**

Date

Daytime Phone #

**941-542-8080**

CR2E034 (9/99)